

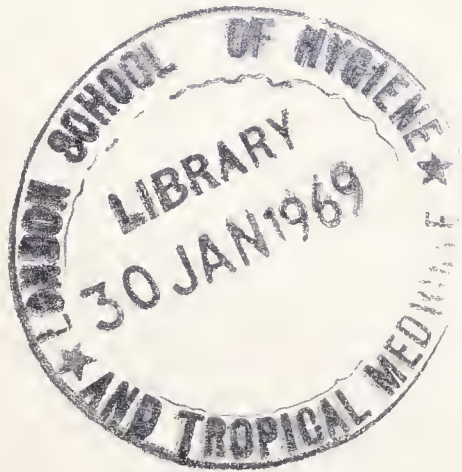
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HEALTH  
 AND SOCIAL SERVICES  
 OF THE  
 CITY AND COUNTY  
 OF  
 NEWCASTLE UPON TYNE

1964

40093





CITY AND COUNTY OF NEWCASTLE UPON TYNE

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# ANNUAL REPORT

OF THE

# MEDICAL OFFICER OF HEALTH

FOR THE YEAR

# 1964



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# HEALTH AND SOCIAL SERVICES COMMITTEE

(As at December, 1964)

*Chairman :*

ALDERMAN MRS. M. S. MURRAY


*Vice-Chairman :*

ALDERMAN MRS. C. C. SCOTT, J.P.

Ald. J. Chapman, M.B.E. (died 24/8/1964)	Coun. Mrs. V. H. Grantham.
Ald. R. W. Hanlan.	Coun. Mrs. C. M. Lewcock.
Ald. Lady Wynne-Jones.	Coun. Mrs. I. McCambridge, J.P.
Coun. B. Abrahams.	Coun. J. Morpeth.
Coun. B. W. Abrahart, M.D., J.P.	Coun. E. A. A. Oxley.
Coun. P. Boydell.	Coun. S. Peddie.
Coun. R. C. Brown.	Coun. Mrs. M. Shaw.
Coun. Mrs. E. G. Chalk.	Coun. Mrs. M. Stephenson.
Coun. Mrs. A. A. Davison.	Coun. Mrs. A. I. Telford.
Coun. Mrs. M. E. Graham, M.B.E.	Coun. H. J. White.

*Representing the British Medical Association and  
the Local Medical Committee :*

Dr. H. L. Taylor.



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# STAFF OF HEALTH AND SOCIAL SERVICES DEPARTMENT

(As at 31st December, 1964)

## *Medical and Dental Staff :*

Medical Officer of Health and Principal School Medical Officer :

R. C. M. PEARSON, M.D., F.R.C.P.(Ed.), D.P.H.

Deputy Medical Officer of Health :

G. HAMILTON WHALLEY, M.B., B.S., B.Hy., D.P.H., D.M.A.

Senior Medical Officer (Administration):

J. T. JONES, B.Sc., M.B., B.Ch., D.P.H.

Child Welfare Medical Officer :

Shirley M. Livingston, M.B., B.S.

16 General Practitioners attend Clinics on a sessional basis.

Senior Medical Officer (Geriatrics):

Joyce F. Grant, M.R.C.S., L.R.C.P. (*Part Time*).

Childhood Tuberculosis Medical Officer

Mary D. Thompson, M.D., D.P.H. (*Part Time*).

Assistant Medical Officers of Health :

L. Lombard, M.B., B.S., D.P.H.

A. H. Young, M.B., B.S., D.P.H.

Senior School Medical Officer (*Education Committee*) :

H. S. K. Sainsbury, M.R.C.S., L.R.C.P.

Principal Dental Officer (*in conjunction with Education Committee*):

J. C. Brown, M.R.C.S., L.R.C.P., L.D.S.

1 Anaesthetist (*sessional*).

Consultant Psychiatrist

(*in conjunction with Regional Hospital Board*):

Peter Morgan, B.Sc., M.B., B.S., D.P.M.

Chest Physicians (*in conjunction with Regional Hospital Board*) :

J. R. Lauckner, M.B., M.R.C.P. (Ld.), F.R.F.P.S.

P. O. Leggatt, M.D., M.R.C.P.

E. A. Spriggs, D.M., M.R.C.P.

C. Verity, B.Sc., M.D., D.P.H.

Adviser in Obstetrics

(*in conjunction with the Regional Hospital Board*) :

Linton M. Snaith, M.D., F.R.C.S., F.R.C.O.G.

Adviser in Paediatrics

(*in conjunction with University Department of Child Health*) :

F. J. W. Miller, M.D., F.R.C.P., D.C.H.

Adviser in Mental Health

(*in conjunction with the Regional Hospital Board*) :

J. P. Child, B.M., M.R.C.P., D.P.M.

Adviser in Geriatrics

(*in conjunction with the Regional Hospital Board*) :

M. R. P. Hall, B.M., B.Ch., M.R.C.P.

*Nursing and Allied Staffs :*

Chief Nursing Officer :

Miss F. E. Hunt, S.R.N., S.R.F.N., S.C.M., H.V. & P.H.N.A. Certs.

Superintendent Health Visitor and Deputy Chief Nursing Officer :

Miss A. Y. Sanderson, S.R.N., S.C.M., H.V. & H.V.T. Certs.

Health Visitor Tutor :

Miss L. Willoughby, D.N. (Leeds), S.R.N., R.F.N., Part I Midwifery  
H.V. and H.V.T. Certs. (Resigned 20/9/1964).

46 Health Visitors, 3 Assistant Nurses, 1 Orthopaedic Nurse,  
3 Students, 10 Clerks, 2 Shorthand Typists.

Non-Medical Supervisor of Midwives :

Mrs. M. L. Marshall, S.R.N., S.C.M.

Assistant Supervisor, 36 Midwives, 11 Pupils, 2 Clerks.

District Nursing Superintendent :

Miss R. M. Lovett, R.G.N., S.C.M., Q.N., H.V. and D.N.T. Certs.

Assistant Superintendent, 47 District Nurses (7 Male, 40 Female),

9 Bath Orderlies, 1 Clerk.

Home Help Organiser :

Mrs. I. E. Moulton.

Assistant Organiser, 2 Area Organisers, 3 Visitors, 7 Clerks.

574 Home Helps (full and part-time).

Day Nurseries.

5 Nurseries with Matrons, Nurses, etc., 1 Clerk.

3 Play Therapists (Part-time).

Welfare Foods Distribution Supervisor :

Miss D. C. Brown.

10 Assistants (6 part-time).

*Other Staffs :*

Vaccination and Immunisation—4 Clerks.

Invalid Equipment—1 Clerk.

Priority Dental Service—1 Clerk.

2 Dental Technicians (*in conjunction with Education Committee*).

*Public Health Inspectors Staff :*

Chief Public Health Inspector.

L. Mair, F.R.S.H., F.A.P.H.I.

Deputy Chief Public Health Inspector :

A. P. Robinson, M.R.S.H., M.A.P.H.I.

32 Inspectors, 2 Assistant Inspectors, 7 Pupil Inspectors, 10 Rodent

Operators, 4 Smoke Investigators, 1 Senior Administrative Assistant,

16 Clerks.

*Social Service Staff :*

Chief Welfare Officer :

H. CRAIG.

Principal Social Worker :

Miss O. S. Holliday, P.S.W. Cert.

Social Case Workers.

Miss M. D. Clifford, A.M.I.A.

Miss C. A. Cox, M.A., Diploma in Social Administration.

Mrs. M. Gibb, Cert. in Social Studies.

Miss R. M. Saunders, B.A.

4 Clerks.

Deputy Chief Welfare Officer :

Miss D. Haythornthwaite, H/T. Cert., H.H.O.C.

8 Social Welfare Officers.

5 Home Teachers for Blind (1 student).

Ten Residential Homes each with Superintendents, Matrons and other staff.

1 Senior Administrative Assistant

2 Administrative Staff, 8 Clerks.

Occupational Centre.

1 General Assistant.

*Mental Health Staff :*

Senior Mental Welfare Officer :

T. E. J. R. Mather.

4 Mental Welfare Officers, 2 Trainee Mental Welfare Officers,  
2 Assistant Mental Welfare Officers, 2 Clerk Typists, 1 Manager of  
Training Centres, 2 Training Centre Supervisors, 10 Assistant  
Supervisors, 3 Trainees.

*Ambulance Staff :*

Ambulance Officer :

H. M. Roberts.

Senior Superintendent, 20 Administrative, Supervisory and Clerical Staff, 106 Operative Staff (Drivers, Attendants, Maintenance Staff, etc.), 7 Trainees.

*General Administration—Staff :*

Principal Administrative Assistant :

E. A. Moore, M.R.S.H.

Deputy Principal Administrative Assistant :

D. H. Macpherson, Cert. R.S.H.

1 Senior Administrative Assistant, 1 Statistician, 13 Clerks,  
5 Typists.

*To the Lord Mayor, Aldermen and Councillors of the Newcastle  
upon Tyne City Council.*

MY LORD MAYOR, LADIES AND GENTLEMEN,

It is my pleasure to present to you my ninth Annual Report, the ninety-second in the series of Annual Reports of the Medical Officer of Health of this City.

The Civic  
Centre.

The Health Department came into being with the appointment of the first Medical Officer of Health on 1st August 1873 and was given accommodation in the north end of the Town Hall where the Medical Officer of Health could survey the scene in the Bigg Market and ponder its significance. Additional duties and increased population made expansion to other buildings in the City imperative but the Central Office remained the same for over ninety years.

The move to the Civic Centre was obviously the most significant event of 1964. Much thought had gone into planning the new offices and also into the type of administration required in a modern department in up-to-date accommodation. The time was well spent.

The actual transfer was accomplished without serious disruption. A number of interesting documents came to light and were safely put away in the archives.

The opportunity of bringing together related sections was not missed and by the end of the year was beginning to reveal a clearer understanding amongst the staff. On the ground floor are the sections providing services for the elderly and handicapped with their own focal enquiry point—the social services, residential care, mental health and home helps. The general enquiry office is ready at the point which will be the main entry when the next stage of the building is completed. On the next floor are the medical social, nursing, child welfare and school health services, health education and the conference room, already much in demand. On the second floor the public health inspectorate, medical and central administrative offices complete the department.

Organisation  
and Methods  
Study.

The Senior Staff had the opportunity of commenting on the preliminary views of the Organisation and Methods Consultants and a number of corrections and suggestions were accepted by them. The final report was considered by the Health and Social Services Committee in September. All the minor administrative

recommendations (most of them the result of helpful discussion between consultants and staff) were accepted. Some adjustments in administrative and clerical procedures permitted more time to be spent in outside visiting by specialist officers in one Section and by the end of the year agreement had been reached on all but three recommendations.

Altogether this was a very gratifying report which commented on the careful preparation taken within the department for its move to the Civic Centre, the forward planning and staff training covering several years and the built-in methods for keeping the services under regular review.

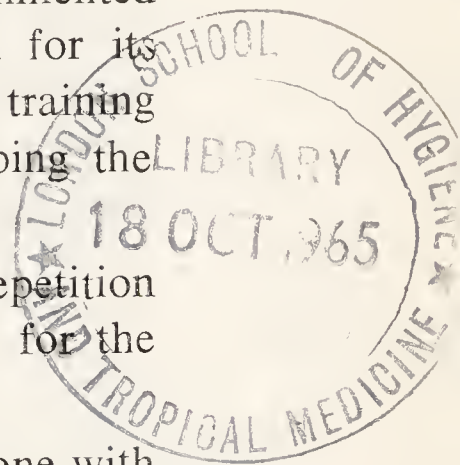
The Consultants' concluding paragraphs are worthy of repetition as a tribute to the staff who have worked and planned for the future.

"The Health and Social Services Department is a large one with many different sections all of which are concerned with the most personal and vital services provided by the Council. Under the best conditions these services present special organisational and administrative problems and those of the Department have been made more difficult by the unsatisfactory and dispersed premises from which it has worked. However, in spite of difficulties, a personal and public health service has been developed which in scope and forward thinking is in our opinion a credit to the City and to the Department.

Most of the administrative accommodation difficulties will have been solved by the transfer to the new Civic Centre before this report is finalised for members, and much of the administrative planning undertaken in recent years will be capable of implementation. We hope that our recommendations will be of assistance in effecting further changes towards administrative efficiency combined with economy."

With a falling birth rate most of the mothers who desire or need hospital confinement can make the necessary booking especially with the rising trend of early discharge. Even with fewer mothers confined at home antenatal clinic attendances are still rising.

Careful selection for hospital confinement shows itself again in the steadily falling numbers of premature infants born at home. These numbers have fallen by 46% in the last five years but the premature birth rate has remained unchanged.



Maternity  
Services.

Newcastle upon  
Tyne Corpora-  
tion Act 1964.

After many years trying to find a way to overcome the limitations of Section 23 of the National Health Services Act 1946 which limits the practice of midwifery by domiciliary midwives employed by the Corporation to the homes of expectant mothers as distinct from hospitals where so many deliveries take place, a suitable clause was inserted in the Corporation Bill which received the Royal Assent in July 1964. This clause might well be the forerunner of general legislation; its implementation will require the co-operative spirit of all parts of the service. Without the interest of Mr. Linton Snaith and the staff of the Newcastle General Hospital no progress would have been possible.

Cervical  
Cytology.

The necessary amendment of the Corporation Scheme under Section 28 of the National Health Service Act 1946 was approved and an investigation undertaken into the requirements of General Practitioners so that the service could be provided for women between 35 and 55 either in practice surgeries or local authority clinics. For those women who attend hospital out-patient departments or family planning clinic, facilities for taking smears already exist.

Congenital  
Abnormalities.

No difficulty has been experienced in collecting information about children born with a physical abnormality. The maternity hospitals staff, the general practitioners and the domiciliary midwives have been most helpful. It will be interesting and important to watch local trends over the years but as numbers are small national collection of statistics is the more important aspect. A long established link with the Paediatric Services again reveals its strength.

"At Risk"  
Children.

Much has been said in recent Annual Reports about deployment of staff especially those highly trained officers in short supply. One purpose of regular visiting and examination of children is to reveal handicaps as early as possible and to arrange appropriate treatment and later education. A study in this City revealed that most of the handicapped children will be found amongst 10% put on an "At Risk" register even if it includes only premature infants, those who have breathing difficulties at birth, the heavily jaundiced and a small miscellaneous group. The children remain on the register under regular supervision until either cleared of any handicap or transferred to the register of handicapped children. A number of



these children attend Day Nurseries. It might be worth studying how they do benefit educationally from this health supervision.

For many years a list of children with defects requiring treatment and/or observation has been kept and information passed on to the School Health Service at the right time. Studying these lists for recent years reveals that although the total number of cases has remained constant, there has been a marked increase in the number of orthopaedic cases and a fall in the number with eye defects. Also, fewer children are referred for Consultant advice from Child Welfare Centres. It is unlikely that this is due to a significant fall in children needing such advice but rather due to selective follow-up by Paediatricians from maternity units and by General Practitioners. <sup>Child Welfare.</sup>

That a family may fail to maintain its standards or those expected of it in the neighbourhood where it lives is easily recognised, but pinpointing the reason for failure and the most appropriate forms of support has been less successful although in this City much has been done. The Council decided that a joint committee with both member and officer working parties should study the problem and there seems hope of initiating some research, the findings of which could be used in the housing redevelopment programme. Such reviews are important. <sup>Inadequate Families.</sup>

The perinatal mortality rate is usually taken as a sensitive index, and the rate in 1964 was the best achieved so far (largely because after many years there was a marked fall in stillbirths without a corresponding rise in early neonatal deaths and also a lower prematurity rate). A general overall look at such figures would have missed the very significant fact that there was a marked increase in the infant mortality rate resulting from a sharp rise in deaths due to respiratory illness in April and May (a virus infection). <sup>Statistics.</sup>

Probably the highest illegitimacy rate — certainly the highest since 1945 — is there for all to see. But what does it indicate?

The outcome of research in Aberdeen and by the National Child Development Study Group may reveal whether these children starting life with a social handicap are at a greater risk to their full development than perhaps those who are born prematurely. Here are two points where a breakthrough into new knowledge will be most helpful.

The steady increase in the national birth rate since 1955 has not been reflected in the figures of either Newcastle upon Tyne or of Northumberland County. In both of these areas a peak was reached in 1959 and since then there has been a levelling or falling in the rate. During the period 1959-1964 the England and Wales rate rose by 11.5% and the Northumberland rate by 0.6% but the rate for Newcastle upon Tyne fell by 7%. Both the peak in 1959 and the fall since have been more marked in Newcastle upon Tyne than in Northumberland.

The  
Atmosphere.

It is relatively easy to plan the end of a smoke laden atmosphere, it is quite another thing to meet the annual cost when there are so many claims on the rate income. The soot in the air we breathe determines the respiratory condition of two important groups — some of our chesty children, and the older manual workers with bronchitis already affecting them each winter. They may even be the same groups separated by forty years. Tyneside communities should act together to remove probably the most serious health hazard today. The Minister of Fuel and Power has undertaken that there will be no shortage of smokeless fuels required to clear the black areas.

Smoking and  
Lung Cancer.

In April the Committee reviewed the progress of the campaign to inform all age groups of the general public about the hazards to health of heavy cigarette smoking and its recommendations are set out on Page 65. An unsuccessful application for contribution towards the cost of the Smokers Advisory Clinic was made to the Regional Hospital Board.

Infectious  
Disease.

It is particularly disturbing that the absence of cases of poliomyelitis in the community brings with it a state of complacency and consequently parents no longer feel the vital necessity of protecting their children against such serious diseases as diphtheria, whooping cough and poliomyelitis. Only about half of the children under the age of 15 have been protected against poliomyelitis and consequently the introduction of the virus into the community might well have serious consequences.

To the students of epidemiology 1964 will be remembered as the year of Typhoid in Aberdeen. Newcastle upon Tyne, however, is a large distributing centre for canned goods and the episode at the end of the year when some tins being held were inadvertently distributed brought to light a weakness in control methods. These

methods must be kept up to date and planned and changed to meet current practice in the food distribution industry.

The two critical situations reported on page 109 reveal how little room there is for any complacency — also how quick and thorough must be the staff of the department if further spread is to be prevented.

The number of pulmonary tuberculosis notifications has been <sup>Tuberculosis.</sup> falling steadily and consistently (with the exception of minor rises in 1953 and 1958) since 1950. Now comes quite an appreciable rise spread generally over all age groups. Why? Again the rise is equal on both sides of the City. Dr. J. H. Lauckner reviews the position on page 127.

Clearly a close watch must be kept, and all children at risk (*i.e.*, in overcrowded homes) protected if necessary without waiting for the entry into a secondary school.

The administrative arrangements for giving B.C.G. to school children whose parents give permission have never achieved really satisfactory levels. This may be more apparent than real as the procedure continues from one year into the next. Is this a national difficulty? There may be room for improvement and results will be watched with interest.

The Report of the Mass Miniature Radiography Service indicates that for several years the number of active cases brought to light by this Service has been falling per 1,000 examined, but in 1964 there was a significant rise. Associating this with the rise in notifications indicates that a very careful watch must be kept on Tuberculosis in the City and clearly an investigation is required into why this is happening, the age groups affected, and whether the criteria for notification remain the same.

The children included in the Newcastle upon Tyne Maternity <sup>Surveys.</sup> survey (born 1960-61-62) began to enter school in 1965 and so the research team formulated plans to assess their progress and link it with their maternity history as well as develop certain screening tests for future use in schools.

This was a year of consolidation at Summerhill Hostel. Its <sup>Mental Health.</sup> male counterpart was put through the planning stages. A Day Centre was started on experimental lines as a prototype for the

development of the Centre to be built in the grounds of St. Nicholas Hospital. It soon became clear that here is another unknown quantity to be carefully explored. Staff and patient response was, as usual, enthusiastic.

Dr. Morgan took another look at the population of the Psychiatric Hospital and revealed that Summerhill is meeting the needs of the young and middle-aged female groups. He was also able to predict the size of the geriatric problem and the Committee accordingly confirmed that two psycho-geriatric homes should be built initially, one in Walker and the other in Gosforth.

Although the case loads of the Mental Welfare Officers increase year by year there were not quite so many referred in 1964. Altogether fewer patients entered hospital. There was an appreciable fall in formal admissions and a slight rise under certificate (Sec. 25). General Practitioners reference for outpatient consultation rose.

At the Training Centres the number of adults again rose but it would appear that the Junior requirements are just about being met at around 100 places. Special care provision is difficult and will remain so until the new Junior Training Centre is built.

#### Social Work.

The work of the Medical Social Workers is changing from reference to other agencies and provision of needs such as chiropody and convalescence, to much more detailed case work for which their particular training fits them. Applicants (2,762 in all) come mainly from other Sections of the department (897), the Housing Department (543) and the General Practitioners (330). 665 persons make their requests personally or through relatives and friends. This is an interesting analysis as it reveals the sifting nature of the work of many sectional staff, and the recognition, when the problems lies deeper, that it needs more expert assessment and guidance.

Work for the Deaf and Hard of Hearing is the subject of the contribution to the continuing review of voluntary social work in the City on Page 226. My thanks are due to the Rev. F. Holder of the Northumberland and Durham Mission to the Deaf and Dumb, Mr. T. H. Reid of the Newcastle upon Tyne District Club for the Hard of Hearing and the Secretary of Our Lady of

Lourdes Deaf Club for contributing summaries of the work of their organisations. These contributions speak for themselves.

Dr. Grant has summarised this developing service. The work <sup>Geriatrics.</sup> pioneered in Newcastle upon Tyne has aroused considerable interest elsewhere. It should not be thought that the elderly are adequately served yet. Their main problem is still loneliness which no statutory service can tackle alone. The Jesmond scheme fills many gaps but an active and dynamic Old Peoples Care Committee is being built up closely linked to the Department but free to meet both individual and general needs, especially organised friendly visiting as one of the soundest preventive measures against both physical and mental deterioration.

The successful treatment of a "Stroke" depends on physio- <sup>Domiciliary  
Physiotherapy.</sup> therapy in the early stages of recovery. Not every patient requires hospital treatment so physiotherapy must be brought to them in their own homes. The financial assistance of the Student Rag Committee and the interest of the British Red Cross Society enabled Dr. Grant to launch this project successfully. Although not quite a pioneer venture it is one of very few operating in the country.

James Clydesdale House, commemorating an indefatigable <sup>Residential  
Care</sup> worker for the Blind in the City for many years, was opened with its adjacent flats in October 1964, and incorporated a number of new features. The enlarged kitchen permitted an extension of the Meals on Wheels service sufficient to meet the waiting list.

An historic landmark passed almost unnoticed, but not by those who in 1948 had set their sights on closing the old workhouse at Elswick Grange. The last resident moved out on 19th October 1964, and the link with the Poor Law broke for ever. In spite of the less than national average number of beds for the elderly in the City this determination to close Elswick Grange has been achieved whilst keeping the urgent waiting list in single figures—the outcome of careful assessment of needs, adequate domiciliary nursing and home help services and a blending of skills from many services into a team which includes workers from all three parts of the National Health Service. It could not be done in any other way.

Ambulance  
Service.

The Chief Ambulance Officer on Page 60 points to the changing conditions under which the Service is operating. It is essential that this Service should be constantly reviewed to maintain efficiency in control and economy in management. Whilst the number of emergency journeys remains almost constant the requirements of the various social services expand. The former is life saving, the latter, while giving service to many requires thoughtful planning and execution. The two services are one, but require different training methods, vehicles and management. They have the same end in view, service to those in need, although their immediate needs differ.

New Buildings.

There is now very little hope of adapting existing buildings to suit the needs of the Services and particularly in providing accommodation for the elderly. As expenditure on building must be fitted into the whole capital works programme the Finance Committee considered the programme of each department for the next five years and the likely cost on the revenue in running the services provided. The approved programme of capital expenditure on new buildings is reasonably up to date.

Fluoridation of  
Water Supplies.

A very interesting debate took place at the City Council Meeting in March. As the voting was equal no decision was reached.

Association of  
Municipal  
Corporations.

The Lord Mayor extended an invitation to the Health Committee of the Association to hold its April meeting in Newcastle upon Tyne. Members of the Committee who came from all parts of the country were given an opportunity during their stay in the City to see progress made in building work and also the structure of the department and its plans for expansion during the next ten years.

Health Visiting  
Training.

Considerable thought has been given to the best approach to the new Health Visitor Training curriculum which is to be used from October 1965. It was eventually decided to associate the course in the College of Commerce with the Younghusband Training Course for Social Workers. The Staff of the Health and Social Services Department will continue their interest in the course but will not be responsible for it.

Social Worker  
Training.

Here again it cannot be stressed too often that successful services depend on a close working relationship with plenty of give and

take between the hospital and domiciliary staff and in Newcastle upon Tyne this understanding grows stronger every year.

New appointments agreed in 1963 were made and a further step forward taken in the Social Worker training plans when the Committee approved a more rapid secondment to training courses.

By using case conference and discussion group techniques as <sup>Staff.</sup> well as the usual staff meetings in each section, training within the department has continued. Techniques and staffing requirements change so rapidly that new entrants to the department can hardly expect to work for many years without some re-appraisal of their duties. Basic training is essential and refreshment goes on continuously. This maintains a flexibility which is so essential and permits the best service to be given throughout a career in statutory community service.

Miss Hope, Junior Training Centre Supervisor, who started the service in Newcastle upon Tyne in August 1952, retired in December. She took with her our best wishes for a happy retirement.

An Annual Report is a review of events, measures which have <sup>Appreciation</sup> been taken to shape future events and occasionally the opportunity is taken to point to difficulties still unsolved. Rarely do these reports record the hard routine work of very many highly trained and devoted people who willingly spend their working days, and occupy some of their own time, helping those who need their particular skill. Whether they drive an ambulance, provide help in a home, cook a meal or investigate a case of food poisoning—they contribute to someone's very real health—they form part of the health team and many are grateful. They, the staff of the Department must not be forgotten. I appreciate their support.

The Senior Staff will join in me in paying tribute to the understanding way in which Alderman Mrs. C. C. Scott, J.P., gave her time and experience to the development of the services during her six years as Chairman. We all welcome Alderman Mrs. M. S. Murray as her successor and assure her of our support.

The staff of the Department appreciate the continued support of the Chairman, Vice-Chairman and Members of the Committee.

I opened this summary of events with the remark that the move to the Civic Centre overshadowed everything. No doubt it did, but looking back now 1964 was not in other ways such a dull year after all.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

*R. M. Pearson.*

*Medical Officer of Health.*

*Health and Social Services Department,  
Civic Centre,  
Barras Bridge,  
Newcastle upon Tyne, 1.  
September, 1965.*



CITY AND COUNTY OF NEWCASTLE UPON TYNE

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**I—GENERAL**

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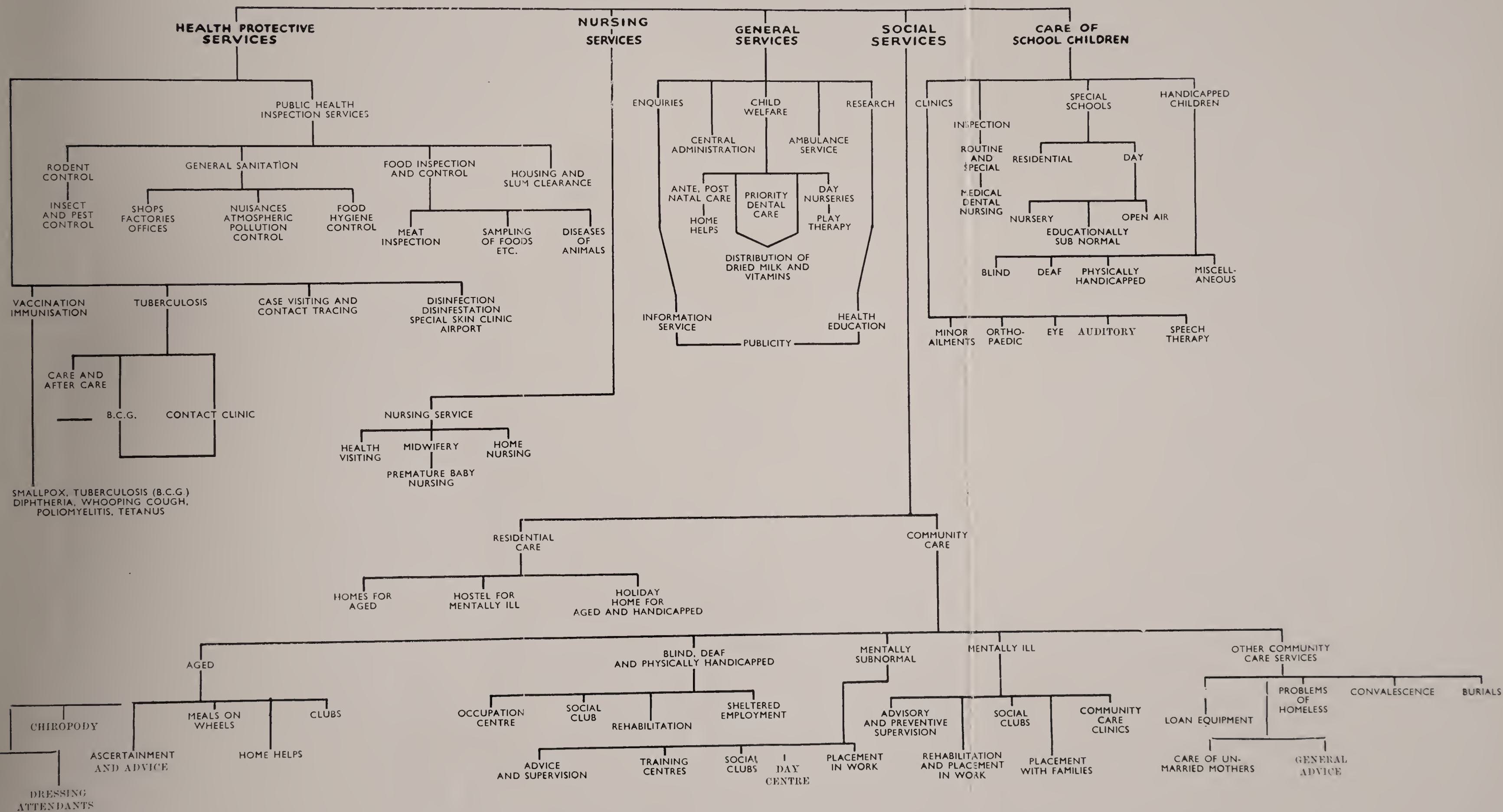
MORTALITY TABLES,  
SOCIAL CONDITIONS, CLIMATOLOGY,  
WATER SUPPLY, CREMATION, etc.

## VITAL STATISTICS.

(Set out in the order laid down in Ministry of Health Circular 1/65).

Live Births	...	...	...	...	4,516.
Live Birth Rate (Crude)	...	...	...	...	17·32 per 1,000 population.
Live Birth Rate (Corrected)	...	...	...	...	17·32 per 1,000 population.
Illegitimate Live Births per cent. of total Live Births	...	...	...	...	9·6
Stillbirths	...	...	...	...	83
Stillbirth Rate...	...	...	...	...	18·05 per 1,000 live and stillbirths.
Total Live and Stillbirths	...	...	...	...	4,629
Infant Deaths	...	...	...	...	113
Infant Mortality Rate—					
Total	...	...	...	...	25·02 per 1,000 live births.
Legitimate only	...	...	...	...	22·29 per 1,000 legitimate live births.
Illegitimate only	...	...	...	...	50·69 per 1,000 illegitimate live births.
Neonatal Mortality Rate	...	...	...	...	16·16 per 1,000 total live births.
Early Neonatal Mortality Rate	...	...	...	...	14·39 per 1,000 total live births.
Perinatal Mortality Rate	...	...	...	...	32·18 per 1,000 total live and stillbirths.
Maternal Deaths (including abortion)	Nil.				
Maternal Mortality Rate	...	...	...	...	0·000 per 1,000 live and stillbirths.

# HEALTH AND SOCIAL SERVICES PROVIDED FOR THE CITIZENS OF NEWCASTLE UPON TYNE BY THE CITY COUNCIL





## OTHER STATISTICS.

Population	...	...	...	...	260,750.
Area	...	...	...	...	11,401 acres.
Deaths	...	...	...	...	3,176.
Death Rate (Crude)	...	...	...	...	12·18 per 1,000 population.
Death Rate (Corrected)	...	...	...	...	13·52 „ „ „
Tuberculosis Death Rates—					
All Forms...	...	...	...	...	0·058 per 1,000 population.
Pulmonary	...	...	...	...	0·054 „ „ „
Non-Pulmonary	...	...	...	...	0·004 „ „ „
Cancer Death Rates—					
All Forms...	...	...	...	...	2·52 per 1,000 population.
Lung and Bronchus	...	...	...	...	0·82 „ „ „
Other Sites	...	...	...	...	1·70 „ „ „
Marriage Rate	...	...	...	...	16·27 per 1,000 population.
Inhabited Houses	...	...	...	...	86,723.
Rateable Value...	...	...	...	...	£12,184,536.
Product of 1d. Rate	...	...	...	...	£48,849 14s. 2d.

## GENERAL STATISTICS.

### Population.

The population, as estimated by the Registrar General, was 260,750, a decrease of 2,610 since 1963.

### Births.

There were 4,516 live births recorded, representing a crude birth rate of 17·32 per 1,000 population, as compared with a rate of 17·85 in 1963. The City birth rate is lower than that for England and Wales.—18·4.

In addition there were 83 stillbirths, representing a rate of 18·05, lower than the 1963 rate of 23·07.

Sex	LIVE BIRTHS.			STILL BIRTHS		
	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	2,108	221	2,329	45	9	54
Female	1,974	213	2,187	27	2	29
Totals	4,082	434	4,516	72	11	83

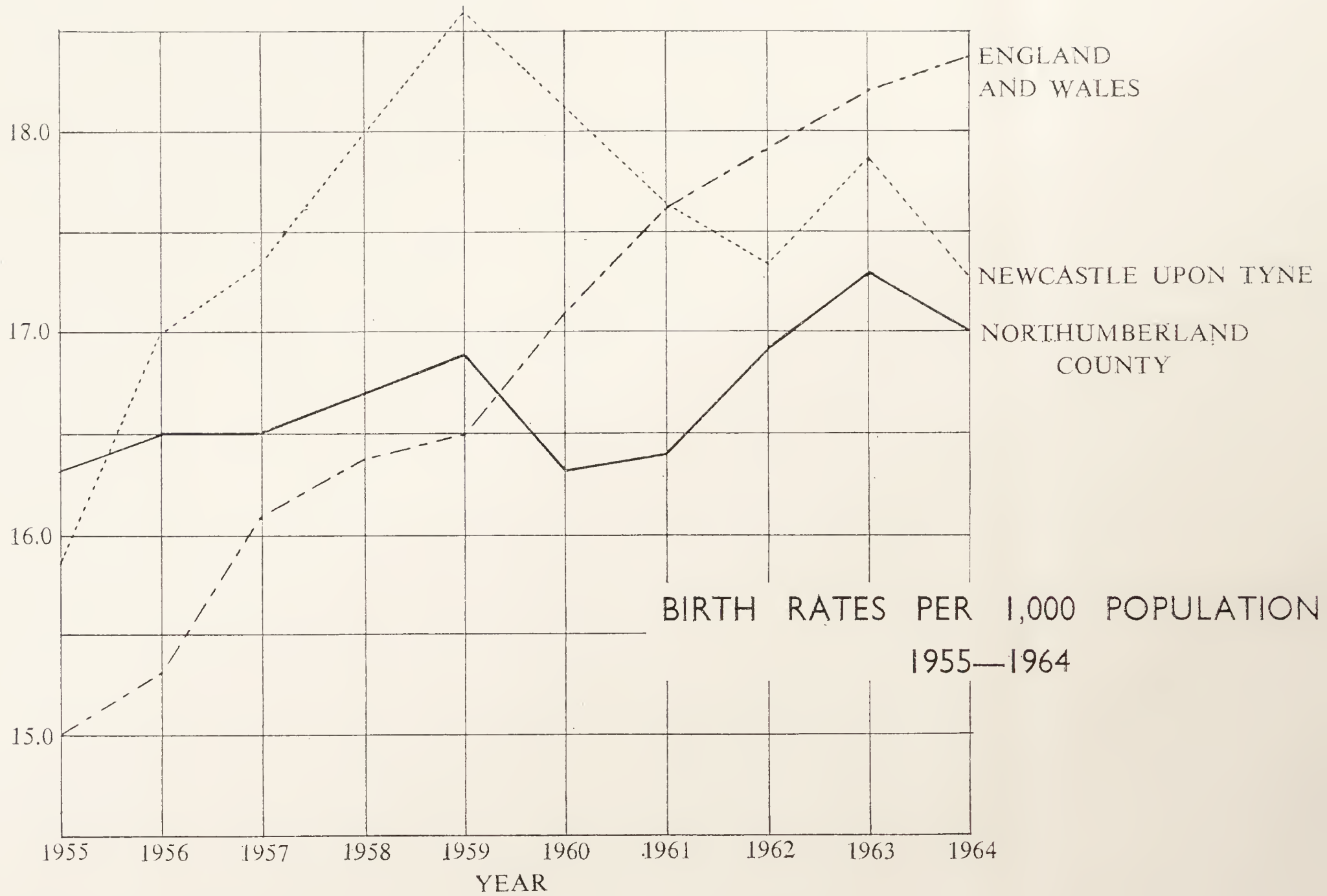
### BIRTH RATE per 1,000 POPULATION

Year	England and Wales	Newcastle upon Tyne (corrected)	Northumberland (corrected)
1964 .....	18·4	17·3	17·0
1963 .....	18·2	17·8	17·3
1962 .....	17·9	17·3	16·9
1961 .....	17·6	17·6	16·4
1960 .....	17·1	18·1	16·3
1959 .....	16·5	18·6	16·9
1958 .....	16·4	18·0	16·7
1957 .....	16·1	17·4	16·5
1956 .....	15·6	17·0	16·5
1955 .....	15·0	15·9	16·3

### Deaths.

The net deaths amounted to 3,176 equivalent to a crude rate of 12·18 per 1,000 population, as compared with a rate of 12·96 for 1963. The death rate for England and Wales for 1964 was 11·3.

RATE  
PER  
1,000  
POPULATION







## Infantile Mortality.

113 infants died before completing the first year of life, representing a rate of 25·02 per 1,000 live births; there were eight more deaths than last year when the rate was 22·34. The England and Wales rate for 1964 was 20·0.

Of the 113 infant deaths, 73 occurred before attaining the age of one month, making a neo-natal mortality rate of 16·16 as compared with England and Wales rate of 13·8.

## Maternal Mortality.

For the second successive year no maternal deaths occurred. The England and Wales maternal mortality rate for 1964 was 0·25 per 1,000 live and stillbirths.

## Tuberculosis.

Fifteen persons died from various forms of tuberculosis during the year, 14 being pulmonary and one non-pulmonary, giving death rates of 0·054 and 0·004 respectively, a total of 0·058 for all forms. The provisional national rate for all forms of tuberculosis is 0·053 per 1,000 population.

## Marriages.

2,121 marriages took place during the year, representing a marriage rate of 16·27 per 1,000 population, compared with 15·08 in 1963.

## Street Accidents.

During the year 2,419 street accidents occurred, a decrease of 147 as compared with 1963, and as a result, 1,345 persons were injured, and 34 died. The total included 263 accidents to children under 15 years of age, four of which were fatal.

	Under 5 years		5-9 yrs.		10-15 yrs.		Total	
	1963	1964	1963	1964	1963	1964	1963	1964
Killed .....	4	1	1	3	1	...	6	4
Injured .....	56	74	128	122	61	63	245	259

## **Cremation.**

During 1964, there were 3,296 cremations carried out in the City, 257 less than last year. Of the cremations performed, 1,519 were in respect of Newcastle residents, this figure being 46% of the total cremations as compared with 45% in 1963.

The percentage of city residents who died in 1964 and were cremated was 48%.

The Medical Referee required 16 post-mortem examinations as compared with 19 in 1963, largely because of the time elapsing between death and the deceased being last seen by the doctor. Copies of the findings were sent to the doctors concerned. It was not found necessary to refuse authorisation of any cremation.

## **NORTH EAST REGIONAL AIRPORT — HEALTH CONTROL.**

The companies using the North East Regional Airport, Woolsington were less busy than in the previous year. There were 275 landings from the Continent, 144 less than in 1963, and of those passengers landing, 2,031 were aliens.

Health Department staff attended to carry out the duties imposed by the Public Health (Aircraft) Regulations 1952-54, the Aliens Order 1953, and the Commonwealth Immigrants Act, 1962.

## **NATURAL AND SOCIAL CONDITIONS.**

### **Geology.**

The geological formation of the area consists of heavy clay on the top of hard sandstone, which overlies coal seams.

### **Climatology.**

The weather during 1964 was similar to that during the previous year. Hours of sunshine in the City averaged three per month less: the rainfall was 0.59 inches more than in 1963. July was the warmest month, January and December the coldest.

The following table includes the sunshine records taken at King's College (Newcastle), Cockle Park (Morpeth), Hexham, and Gateshead; sites and altitudes of the gauges make comparisons inequitable to some extent, but they serve to demonstrate the effect of the smoke haze which cuts off much of the City's sunshine, noticeably at the beginning and end of the year when the use of coal fires is at its maximum.

## METEOROLOGICAL RECORDS, 1964.

Month	SUNSHINE HOURS				RAINFALL AND TEMPERATURES		
					Jesmond Dene		
	King's College	Hexham	Cockle Park	Gates-head	Rainfall (inches)	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January .....	51.4	57.00	56.1	62.3	0.67	43.99	34.75
February .....	46.1	52.50	48.0	52.4	0.82	44.17	30.74
March .....	26.1	37.75	30.5	30.5	3.50	43.24	36.58
April .....	79.7	95.50	110.7	87.2	1.94	53.40	40.70
May .....	159.6	198.75	199.3	196.4	0.91	62.40	45.40
June.....	127.0	137.00	138.7	120.5	2.36	62.70	49.35
July .....	139.9	156.50	167.8	148.7	1.15	66.36	52.11
August .....	122.2	158.50	144.1	140.3	3.05	65.10	50.81
September ....	135.6	165.75	153.8	150.5	1.33	63.98	47.97
October.....	85.1	82.50	68.9	85.8	0.41	54.40	41.22
November ...	56.7	58.00	76.3	69.6	0.77	49.56	38.94
December ....	39.7	40.25	49.4	47.3	2.05	42.43	30.94
Totals .....	1069.1	1240.00	1243.6	1191.5	18.96	...	...
Averages .....	89.9	103.33	103.6	99.3	1.58	54.31	41.62
1963 Averages	75.7	97.59	102.4	100.7	2.46	53.14	40.73

## Water Supply.

Details relating to the City's water supply are shown in the Chief Public Health Inspector's section of this report (see page 178).

## Sewerage.

There are 468.86 miles of sewers in the City, discharging directly into the River Tyne at various points along the 8½ miles of river frontage.

The Working Committee as to Tyneside Sewage Disposal has accepted the report of the Technical Sub-Committee and the Minister of Housing and Local Government is being asked to form a Joint Board.

## Cleansing and Scavenging.

A weekly collection of refuse is made from all domestic premises, and twice weekly from certain business premises.

## Social Conditions.

The number of registered male and female unemployed at the beginning and end of the year is shown in the following table supplied by the Ministry of Labour.

Date	Males	Females	Total
13th January, 1964 .....	5,410	1,379	6,789
7th December, 1964 .....	3,582	877	4,459

## Inhabited Houses.

There were 86,723 inhabited houses which, on the estimated population, showed an average of 3·0 persons per dwelling.

## Rateable Value.

A penny rate produced £48,849 14s. 2d., the gross rateable value being £12,184,536 compared with £11,911,280 in 1964.

## Vital Statistics of Whole City during 1964 and previous years.

YEAR	Population estimated to Middle of each Year	LIVE BIRTHS			TOTAL DEATHS REGISTERED IN THE CITY	TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE CITY				
		Uncorrected Number	Net			Number	of Non-residents registered in the City	of Residents not registered in the City	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	
1920	286,061	8,433	8,070	28.0	4,609	779	195	817	101	4,025	14.0	
1921	278,400	7,720	7,284	26.2	4,602	817	142	699	96	3,927	14.1	
1922	281,600	7,432	6,987	24.8	4,698	831	145	646	92	4,012	14.2	
1923	283,800	6,961	6,367	22.4	4,298	789	150	623	98	3,659	12.9	
1924	285,900	7,029	6,335	22.2	4,607	929	172	632	100	3,850	13.5	
1925	286,300	7,031	6,215	21.6	4,732	989	165	550	88	3,908	13.6	
1926	284,700	6,728	6,007	21.0	4,460	979	161	530	88	3,642	12.8	
1927	288,500	6,215	5,395	18.7	4,468	1,058	178	474	88	3,588	12.4	
1928	281,500	6,360	5,429	19.2*	4,683	1,178	179	447	82	3,684	13.1	
1929	283,400	6,120	5,126	18.1	5,040	1,313	172	438	85	3,899	13.8	
1930	283,400	6,190	5,223	18.4	4,665	1,232	133	384	74	3,566	12.6	
1931	283,600	6,058	5,056	17.8	4,911	1,251	145	467	92	3,805	13.4	
1932	285,100	6,006	4,883	17.1	4,579	1,174	134	370	76	3,539	12.4	
1933	286,500	5,770	4,712	16.4	4,695	1,182	127	359	76	3,640	12.7	
1934	287,050	5,848	4,695	16.4	4,823	1,322	145	389	83	3,646	12.7	
1935	292,700†	5,895	4,666	16.0	5,040	1,489	121	400	86	3,672	12.6	
1936	290,400	5,709	4,537	15.6	5,148	1,421	151	408	90	3,878	13.1	
1937	290,400	5,996	4,796	16.5	5,107	1,403	160	435	91	3,864	13.3	
1938	291,300	6,101	4,678	16.1	4,866	1,413	168	307	66	3,621	12.4	
1939	293,400	5,855	4,646	15.8	4,804	1,328	185	289	62	3,661	12.9‡	
1940	255,900	5,501	4,519	17.6	4,727	1,181	187	284	64	3,733	14.6§	
1941	254,960	4,599	4,176	16.4	4,905	1,208	254	315	76	3,951	15.5§	
1942	254,100	4,686	4,289	16.9	4,398	1,140	222	255	59	3,480	13.7§	
1943	254,890	5,162	4,548	17.8	4,759	1,235	185	291	64	3,709	14.6§	
1944	262,920	6,799	5,359	20.4	4,585	1,298	221	270	50	3,508	13.3§	
1945	265,990	5,950	4,836	18.2	4,469	1,234	200	192	40	3,435	13.0§	
1946	283,740	8,219	6,079	21.4	4,569	1,242	188	249	41	3,515	12.4	
1947	290,470	8,512	6,449	22.2	4,726	1,190	211	286	44	3,747	12.9	
1948	293,600	7,414	5,705	19.4	4,504	1,215	186	217	38	3,475	11.8	
1949	294,540	6,916	5,377	18.3	4,740	1,215	232	213	39	3,757	12.7	
1950	294,800	6,473	5,051	17.1	4,720	1,110	315	170	34	3,925	13.3	
1951	291,700	6,053	4,803	16.5	4,535	976	341	166	34	3,900	13.4	
1952	289,800	5,982	4,792	16.5	4,099	1,012	337	140	29	3,424	11.8	
1953	289,700	6,313	4,922	17.1	4,040	1,018	137	132	27	3,159	10.9	
1954	286,500	5,984	4,852	16.9	4,076	1,041	196	124	25	3,231	11.3	
1955	281,000	5,910	4,705	16.7	4,285	1,053	245	158	33	3,477	12.4	
1956	277,100	6,256	4,913	17.7	4,068	1,056	267	121	25	3,279	11.8	
1957	275,100	6,506	4,998	18.2	4,299	1,186	281	116	23	3,394	12.3	
1958	272,400	6,778	5,069	18.6	4,221	1,115	302	126	25	3,408	12.5	
1959	271,100	6,601	5,201	19.2	4,228	1,256	304	139	27	3,276	12.1	
1960	268,970	6,409	5,029	18.7	4,365	1,258	297	134	27	3,403	12.7	
1961	267,230	6,152	4,840	18.1	4,236	1,236	281	118	24	3,281	12.3	
1962	267,090	6,102	4,767	17.8	4,349	1,377	259	106	22	3,330	12.5	
1963	263,360	5,987	4,700	17.8	4,406	1,329	253	105	22	3,413	13.0	
1964	260,750	5,602	4,516	17.3	4,151	1,215	240	113	25	3,176	12.2	

\* Calculated on a population of 282,000.

‡ Civilians only.

† Rates calculated on a population of 291,025.

‡ Death-rate calculated on a population of 283,200.

## CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1964

(REGISTRAR GENERAL'S RETURN).

Causes of Death	Sex.	All ages.	under four weeks	Four weeks and under 1 year.	AGE IN YEARS.								
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over
1—Tuberculosis, respiratory ....	M.	11	...	...	...	...	...	...	2	2	2	3	2
	F.	3	...	...	...	...	...	...	...	...	1	1	1
2—Tuberculosis, other forms	M.	...	...	...	...	...	...	...	...	...	...	...	...
	F.	1	...	...	...	1	...	...	...	...	...	...	...
3—Syphilitic disease	M.	6	...	...	...	...	...	...	...	...	...	4	2
	F.	1	...	...	...	...	...	...	...	...	...	...	1
4—Diphtheria	M.	...	...	...	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...
5—Whooping cough	M.	...	...	...	...	...	...	...	...	...	...	...	...
	F.	1	...	1	...	...	...	...	...	...	...	...	...
6—Meningococcal infections	M.	2	...	1	...	...	...	...	...	...	1	...	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...
7—Acute poliomyelitis	M.	...	...	...	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...
8—Measles	M.	...	...	...	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...
9—Other infective and parasitic diseases	M.	2	...	1	...	...	...	...	...	...	...	...	1
	F.	2	...	...	1	...	...	...	...	1	...	...	...
10—Malignant neoplasms, Stomach	M.	40	...	...	...	...	...	...	1	4	9	15	11
	F.	25	...	...	...	...	...	...	2	1	4	9	9
11—Malignant neoplasms, lung, bronchus	M.	172	...	...	...	...	...	...	2	30	72	54	14
	F.	41	...	...	...	...	1	...	3	5	12	16	4
12—Malignant neoplasm breast	M.	...	...	...	...	...	...	...	...	...	...	...	...
	F.	53	...	...	...	...	...	...	3	14	14	13	9
13—Malignant neoplasm, uterus	F.	21	...	...	...	...	...	1	...	4	7	4	5
14—Other malignant and lymphatic neoplasms	M.	167	...	...	1	2	...	1	7	15	41	55	45
	F.	125	...	...	1	1	...	1	3	17	26	33	43
15—Leukaemia, aleukaemia	M.	6	...	...	...	...	...	...	1	1	3	...	1
	F.	6	...	...	...	...	1	...	...	1	2	1	1
16—Diabetes	M.	6	...	...	...	...	...	...	2	...	1	1	2
	F.	12	...	...	...	...	...	...	1	...	2	5	4



Causes of Death at different periods of life for 1964—*continued.*

Causes of Death	Sex.	All ages.	Under four weeks	Four weeks and under 1 year.	AGE IN YEARS.								
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over
32—Other defined and ill-defined diseases	M.	119	29	4	3	2	3	1	4	14	16	25	18
	F.	120	25	3	1	2	1	3	3	10	12	20	40
33—Motor vehicle accidents	M.	27	...	...	...	1	11	2	5	2	...	3	3
	F.	16	...	...	1	1	2	...	...	1	2	4	5
34—All other accidents	M.	42	...	7	1	2	7	1	6	1	5	1	11
	F.	30	...	3	1	1	...	1	1	...	4	6	13
35—Suicide	M.	25	...	...	...	...	...	4	11	5	3	1	1
	F.	18	...	...	...	...	1	1	2	5	5	3	1
36—Homicide and operations of war	M.	1	...	...	...	...	...	1	...	...	...	...	...
	F.	2	...	...	...	...	...	1	...	...	...	1	...
All causes	M.	1721	41	24	6	9	24	16	66	177	392	461	505
	F.	1455	32	16	7	6	11	10	30	92	220	356	675



Total deaths during recent years from certain classes of disease.

	Nervous System	Circulatory	Respiratory	Digestive	Violent Causes
1933....	237	1,003	362	213	151
1934....	266	935	405	215	134
1935....	243	1,107	391	223	130
1936....	276	1,283	408	266	154
1937....	231	1,316	470	207	139
1938....	233	1,216	388	205	157
1939....	289	1,278	307	171	189
1940....	420	1,115	405	154	211
1941....	496	972	530	157	302
1942....	474	847	444	130	177
1943....	475	915	572	138	150
1944....	446	987	418	136	128
1945....	476	994	416	115	208
1946....	511	996	461	105	106
1947....	544	983	505	139	151
1948....	500	990	398	153	123
1949....	538	1,131	549	146	127
1950....	502	1,285	507	110	135
1951....	553	1,356	531	115	141
1952....	489	1,221	376	93	125
1953....	452	1,079	351	94	99
1954....	526	1,106	367	101	140
1955....	530	1,266	375	79	141
1956....	485	1,216	365	72	156
1957....	528	1,254	365	69	153
1958....	499	1,249	415	54	142
1959....	534	1,125	404	73	132
1960....	547	1,190	438	82	107
1961....	543	1,180	367	66	140
1962....	506	1,215	378	74	149
1963....	472	1,249	446	62	167
1964....	422	1,135	418	64	161

CANCER DEATHS AND DEATH RATES FROM 1939  
AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION.

	Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	RESPIRATORY ORGANS ONLY									
			Males				Females					
			Under 25	25-45	45-65	Over 65	Total	Under 25	25-45	45-65	Over 65	Total
1939	457	1.61	..	4	20	9	33	..	1	2	5	8
1940	474	1.85	..	5	37	6	48	..	1	6	4	11
1941	510	2.00	..	4	24	6	34	..	..	2	4	6
1942	510	2.01	..	5	33	12	50	1	2	7	6	16
1943	533	2.09	..	4	43	11	58	..	3	7	7	17
1944	519	1.97	..	3	30	19	52	..	1	4	4	9
1945	510	1.92	1	2	30	13	46	..	2	15	6	23
1946	538	1.90	1	5	37	19	62	..	..	12	5	17
1947	514	1.77	..	4	43	21	68	..	..	10	9	19
1948	590	2.01	..	7	56	22	85	..	1	7	9	17
1949	558	1.89	..	6	44	21	71	..	..	9	13	22
1950	644	2.18	..	3	55	34	92	..	..	10	7	17
1951	585	2.01	..	6	52	27	85	..	2	8	8	18
1952	614	2.12	5	5	58	30	93	..	1	10	10	21
1953	607	2.09	..	7	54	38	99	..	3	7	4	14
1954	554	1.93	..	6	74	28	108	..	1	4	11	16
1955	638	2.27	..	7	79	46	132	..	..	14	5	19
1956	591	2.13	..	4	61	46	111	..	2	8	6	16
1957	648	2.36	..	10	61	55	126	..	1	12	5	18
1958	666	2.44	..	6	77	59	142	..	3	13	11	27
1959	638	2.35	1	5	73	60	139	..	1	13	8	22
1960	671	2.49	..	7	96	67	170	..	1	7	18	26
1961	636	2.38	..	7	88	58	153	..	..	14	8	22
1962	681	2.55	..	7	102	71	180	..	3	9	13	25
1963	688	2.61	..	7	95	81	183	..	1	11	15	27
1964	656	2.52	..	2	102	68	172	1	3	17	20	41

## COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES 1964

	Newcastle upon Tyne	Gateshead	South Shields	Sunderland	Tynemouth	Norumberland	Durham
Registrar General's estimated population .....	260,750	101,760	108,770	189,630	71,890	494,440	970,190
Comparability factor:							
(a) Births .....	1.00	0.97	0.98	0.94	0.98	1.01	0.98
(b) Deaths .....	1.11	1.19	0.18	1.25	1.16	1.07	1.22
Crude birth rate per 1,000 population .....	17.32	19.3	18.2	19.34	20.08	16.80	18.3
Birth rate as adjusted by factor .....	17.32	18.7	17.8	18.18	19.68	16.96	17.9
Crude death rate per 1,000 population .....	12.18	11.0	11.03	10.95	10.54	11.76	10.9
Death rate as adjusted by factor .....	13.52	13.1	13.02	13.69	12.23	12.58	13.3
Illitimate live births per cent. of total live births	9.6	5.8	5.7	5.5	4.8	3.82	4.2
Infant mortality rate per 1,000 live births .....	25.02	21.3	22.2	24.54	28.32	20.11	22.9
Neonatal mortality rate per 1,000 live births .....	16.16	13.7	15.6	16.09	16.96	14.93	15.7
Perinatal mortality rate per 1,000 total births .....	32.18	34.3	36.5	36.54	33.93	28.5	33.5
Stillbirth rate per 1,000 total births .....	18.05	22.8	22.1	21.87	20.00	15.99	20.0
Maternal mortality rate per 1,000 total births .....	—	0.49	—	0.27	0.00	0.12	0.11
Tuberculosis rates per 1,000 population:							
Primary Notification:							
(a) Respiratory .....	0.552	0.825	0.73	0.42	0.39	0.37	0.33
(b) Non-Respiratory .....	0.084	0.166	0.06	0.09	0.11	0.04	0.07
Deaths:							
(a) Respiratory .....	0.058	0.049	0.007	0.037	0.03	0.03	0.06
(b) Non-Respiratory .....	0.004	0.009	0.009	0.005	0.00	0.006	0.004
Death Rates per 1,000 population from:							
Cancer—							
all forms (including Leukaemia & Aleukae- mia) .....	2.52	2.41	2.25	2.41	1.86	2.15	1.97
Lungs and Broncus only .....	0.82	0.67	0.67	0.62	0.60	0.52	0.49
Meningococcal Infections .....	0.008	—	—	0.005	—	0.002	0.002
Whooping Cough .....	0.004	—	—	—	—	—	0.001
Influenza.....	—	0.00	0.009	0.015	—	0.006	0.006
Measles .....	—	—	—	—	—	0.002	—
Acute Poliomyelitis and Encephalitis .....	—	—	—	—	—	—	—
Diarrhoea (under two years) .....	0.004	0.01	0.009	0.015	0.03	0.01	0.007
Diarrhoea (under two years) per 1,000 live births	0.22	1.01	0.5	0.82	1.41	0.06	0.39

(— indicates no deaths).



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**II.—NATIONAL HEALTH  
SERVICE ACTS**

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# MATERNAL AND CHILD HEALTH

*(Dr. S. M. Livingston, Senior Child Welfare Medical Officer  
and  
Miss F. E. Hunt, Chief Nursing Officer).*

There has been a fall in the number of births in 1964 and the perinatal mortality rate has been reduced to a new low record, largely because of a reduction in the number of stillbirths, but the number of deaths of children between one month and one year has almost doubled, the number having risen from 25 to 43. Eleven of these deaths were due to accidental asphyxia, and pneumonia accounted for thirteen, almost all of these occurring in April and May. Seven of the 43 babies were premature although they actually died of some other cause.

Who cares for the unmarried mother and her child ?

A preliminary survey reveals that 44% of children classified as illegitimate are born into families where the parents are unable to marry but are living together and bringing up their family. Another 5% are born to parents who have planned marriage and subsequently do marry.

Of the remainder, 11% are part of the family, the mother receiving full support, although probably the child is born in hospital, Grannie then looks after the child while the mother goes out to work but sometimes day nurseries are used. This leaves only about 21% mothers in Newcastle upon Tyne expecting illegitimate children each year, but lacking any support and looking (but not in vain) to Local Authorities and Voluntary Organisations (especially religious bodies) for guidance, care and somewhere to live whilst trying to make up their minds about the future. Clearly more needs to be known about their problems, recognising that each mother is a particular individual.

The work of the Medico-Social Workers in this Department and the Diocesan Moral Welfare Workers together meet the needs of these mothers when they need it most.

Towards the end of 1963 discussions took place with the Local Medical Committee and the Paediatricians at the Princess Mary Maternity Hospital and the Maternity Unit of the Newcastle

General Hospital. Agreement was reached that if a child has a congenital abnormality at birth then the letter 'A' will be added to the top right hand corner of the notification form. The Consultant Paediatrician undertook to be responsible for completion of the follow-up forms which were sent to them for each child so notified. The Domiciliary Midwives co-operated fully and General Practitioners completed the follow-up form when appropriate.

Notifications for children living outside the City were forwarded to the appropriate area from which the follow-up form was sent.

During the year there have been 68 children notified within the City as suffering from congenital malformations recognisable at birth. 30 of these were babies born to mothers normally resident outside the City.

There have been 416 babies thought to be "at risk" for various reasons. It has been difficult to assess what might be "at risk" and what might be passed over, as there is often very little information available at first as to the condition of the baby at birth.

A new Maternity and Child Welfare Clinic was opened in December in the Slatyford area at Pooley Road. This replaced the centre formerly held in a Miners' Welfare Hall and will serve a new estate at the extreme West of the City. It is hoped that general practitioners, as well as Local Authority Midwives and Health Visitors, will use it for ante-natal clinics.

Evaluation of the Nursing Services is necessary from time to time. In 1964 there have been, for the first time, a number of changes in the nursing staff which appears to be following the national pattern. It has been necessary for the first time to employ part-time staff. There is a serious shortage of Health Visitors and in the Home Nursing field there have been several periods of extreme staff shortages and the service has been stretched to the utmost.

After appraisal of the services provided, staff shortages and changes taken into account, it will be well for us to take stock of our present position. Demands from the public are ever increasing and therefore it is necessary that some parts of the service be expanded as soon as possible.



## General Practitioner — Domiciliary Nursing Services Links.

The nursing staff are working more and more closely with General Practitioners and requests for attachment of Health Visitors and District Nurses to General Practitioners are coming in regularly.

TABLE "A".

1. General Practitioners using L.H.A. Clinics for their patients:—	
For ante-natal care + L.H.A. Midwife .....	17 groups (31 G.P.s.)
For Child welfare + L.H.A. Health Visitors ...	None.
General Practitioners conducting L.H.A. ante-natal clinics .....	2
2. General Practitioners using own surgeries—	
for ante-natal care + L.A. Midwives .....	9 groups (30 G.P.s.)
for child welfare + L.H.A. Health Visitors.....	4 groups (15 G.P.s.)
3. Health Visitors attached to General Practitioners.....	3
Total General Practitioners in these practices ...	10
4. Midwives attached to General Practitioners .....	None.
5. District Nurse attached to General Practitioners ...	1
Total General Practitioners in these practices ...	4
6. General Practitioners with main surgery premises in the City	
(a) on the Local Executive Council general list	121
(b) on the Obstetrical list.	110

Sixty-one of the General Practitioners on the Obstetrical list are closely associated with Domiciliary Midwives when conducting ante-natal care for domiciliary confinements. These General Practitioners are responsible for the conduct of 53% of all mothers confined at home.

## Refresher Courses.

In-service training continues in the various sections. As in the previous years members of the staff attended statutory courses in various parts of the Country. It is interesting to note that the experimental refresher course for midwives run by this Authority in conjunction with the Newcastle General Hospital for domiciliary midwives has been approved and adopted by the Central Midwives Board.

In addition a Study Day was held at Rutherford College on April 1st and repeated on the 8th for all members of the nursing staffs, and several invited members from neighbouring Authorities. The theme was "Diabetes."

In July 12 health visitors attended a short course in Durham on "The Early Detection of Hearing."

As in previous years there have been international and national visits to the department. 350 nursing students from the various hospitals have visited on the district with various members of the staff.

### Surveys.

Health Visitors and Midwives are still continuing with the Maternal and Follow-up Surveys in conjunction with the Princess Mary Maternity Hospital and the Child Health Department of the Royal Victoria Infirmary.

### Births.

Of the 4,553 city births notified, 3,294 occurred in hospitals, nursing homes, etc., as shown below:—

Hopedene Maternity Home	...	...	132
Princess Mary Maternity Hospital	...	...	790
Newcastle General Hospital	...	...	1,258
Dilston Hall	...	...	258
The Green, Wallsend	...	...	519
Ashleigh, Gosforth	...	...	65
Ravensbourne, Gosforth	...	...	3
Willington Quay Maternity Hospital	...	...	82
Preston Hospital, North Shields	...	...	140
Queen Elizabeth Hospital, Gateshead	...	...	16
Others...	...	...	31

### ATTENDANCES AT LOCAL AUTHORITY ANTE-NATAL AND POST-NATAL CLINICS.

(1)	(2)		(3)		(4)		(5)
	Ante-natal.	Post-natal.	Ante-natal.	Post-natal.	Ante-natal.	Post-natal.	Ante-natal.
1964 .....	1,209	40	783	40	4,277	40	7
1963 .....	1,153	50	844	50	4,083	50	7

## ATTENDANCES OF CHILDREN AT CHILD WELFARE CENTRES.

	No. of children who attended during the year	No. of Children who first attended centres during the year		No. of children in attendance at the end of the year		Total No. of attendances made by children included in col (2) during during the year		Average sessional attendances 0-5 years
		Under 1 year.	Over 1 year.	Under 1 year.	Between the ages of 1 & 5 years.	Under 1 year.	Over 1 year.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1964...	11,620	3,598	463	3,393	7,431	48,324	27,397	41
1963...	12,087	3,510	678	3,212	8,018	42,834	26,338	38

**Reference for Consultant Advice.**

392 children were referred from child welfare clinics for specialist advice and treatment to :—

Newcastle General Hospital .....	116
Royal Victoria Infirmary.....	39
Royal Victoria Infirmary (Speech Therapy)	27
Fleming Memorial Hospital .....	14
Orthopaedic Department—City Road .....	181
Ear, Nose and Throat Hospital .....	5
Hearing Assessment Clinic—City Road ...	10
Total .....	<u>392</u>

The number of handicapped children under review was made up as follows :—

Blind and partially sighted .....	—
Eye defects (squints) .....	250
Other eye defects .....	47
Deaf and partially deaf .....	19
Mentally backward .....	65
Epileptic .....	7
Spastic .....	12
Congenital defects .....	130
(Including congenital heart, hare lip, cleft palate, spina bifida, meningocele etc.)	
Orthopaedic .....	229
Speech defects .....	48
Eczema .....	23
Asthma .....	5
Other conditions .....	87
	<u>922</u>

## Play Therapy and Clinic Play Groups.

Play therapy sessions have continued at Blakelaw and East End Centres and the organisation and supervision of these was taken over by Mrs. J. Head in September, the previous organiser, Mrs. Johnson having left in August.

### EAST END CENTRE—

No. of Sessions	...	...	...	...	...	51
Cases carried over from 1963	...	...	...	...	...	13
New Cases	...	...	...	...	...	20
Cases discharged	...	...	...	...	...	20
Total attendances	...	...	...	...	...	479

At the end of the year there were 13 children attending, reasons for attendance being as follows:—

- 1 child from an ill managed home, the mother receiving psychiatric treatment.
- 1 child with congenital cataract.
- 6 children with speech difficulties.
- 5 children with general behaviour problems aggravated by the lack of outdoor playing facilities for children living in flats.

### BLAKELAW CENTRE—

No. of Sessions	...	...	...	...	...	48
Cases carried over from 1963	...	...	...	...	...	18
New Cases	...	...	...	...	...	11
Cases discharged	...	...	...	...	...	14
Total attendances	...	...	...	...	...	468

At the end of the year there were 15 children attending the class for reasons as follows:—

- 3 children had behaviour problems arising from sibling jealousy.
- 3 children had speech difficulties.
- 1 child had congenital heart disease.
- 8 children had general behaviour problems, several the result of over-protection and over indulgence by adults.

Children at both Centres benefited by their attendance and were discharged either because they started school or their problems were resolved or because they left the district.

## Clinic Play Groups.

Eight child play groups were held, as before, in the East End, Diana Street, Wharncliffe Street, Malvern Street and Blakelaw Clinics during child welfare sessions. Two play groups were held at St. Anthony's and Brinkburn Street clinics during sewing class sessions.

## IMMUNOLOGY

The number of children vaccinated against Smallpox is much higher than that for 1963 because it was in that year that vaccination policy in relation to age was changed. Children born in 1963 were not vaccinated until after their first year so the discrepancy is not really due to an abnormally large number of vaccinations in 1964 but to the abnormally small number in 1963.

There has been a slightly greater number of children protected against tetanus than in previous years, otherwise the immunisation figures show little change.

### SMALLPOX VACCINATION.

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX  
DIVIDED INTO AGE GROUPS.  
(1963 FIGURES IN BRACKETS).

Age at Date of Vaccination.	Under 1 year	1—4 years	5—14 years	Over 15 years.	TOTAL
<i>Clinics.</i>					
Primary.....	60 (79)	858 (263)	4 (10)	30 (14)	952 (366)
Re-vaccinations ...	— —	3 (8)	6 (3)	96 (95)	105 (106)
<i>Private Practitioners</i>					
Primary.....	253 (283)	339 (69)	25 (28)	76 (63)	693 (443)
Re-vaccination .....	— —	16 (22)	29 (31)	168 (133)	213 (186)
<i>Totals—</i>					
Primary.....	313 (362)	1197 (332)	29 (38)	106 (77)	1645 (809)
Re-vaccination .....	— —	19 (30)	35 (34)	264 (228)	318 (292)

## DIPHTHERIA IMMUNISATION.

NUMBER OF CHILDREN WHO HAVE COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION BETWEEN 1ST JANUARY, 1950 AND 31ST DECEMBER, 1964.

Age on 31/12/64 (i.e. Born in year)	Under 1 year 1964	1—4 years 1963/1960	5—9 years 1959/1955	10—14 years 1954/1950	Under 15 years Total
A. Number of children whose last course (Primary or Booster) was completed 1960/1963 .....	1,224	11,944	14,156	13,230	40,554
B. Number of children whose last course (Primary or Booster) was completed in period 1959 or earlier .....	—	—	4,226	14,364	18,590

## DIPHTHERIA IMMUNISATION.

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR RE-IMMUNISATION DIVIDED INTO AGE GROUPS. (1963 figures in brackets).

	Under 5 years.	Over 5 years.	Total.
<i>Primary Immunisation.</i>			
Clinics .....	2,162 (2,229)	1,603 (990)	3,765 (3,219)
Private Practitioners .....	1,087 (916)	38 (42)	1,125 (958)
<i>Re-Immunisations.</i>			
Clinics .....	1,706 (1,432)	2,666 (3,383)	4,372 (4,815)
Private Practitioners .....	458 (288)	221 (203)	679 (491)
<i>Totals—</i>			
Primary .....	3,249 (3,149)	1,641 (1,032)	4,890 (4,177)
Re-Immunisations .....	2,164 (1,720)	2,887 (3,586)	5,051 (5,306)

Number of children under 15 years protected against Diphtheria, Whooping Cough and Tetanus, are as follows :—

PRIMARY IMMUNISATIONS.

Diphtheria	Diphtheria and Pertussis	Diphtheria Pertussis and Tetanus	Diphtheria and Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
214	Nil.	3,248	1,428	373	4,890	3,248	5,049

RE-IMMUNISATIONS.

Diphtheria	Diphtheria and Pertussis	Diphtheria Pertussis and Tetanus	Diphtheria and Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
969	Nil.	1,530	2,552	187	5,051	1,530	4,269

Number of Persons inoculated against Typhoid, Cholera, etc.

Typhoid .....	138
Cholera .....	8

ORAL POLIOMYELITIS VACCINATION.  
INDIVIDUALS WHO RECEIVED PRIMARY COURSE (3 DOSES) AND FOURTH  
DOSES, IN 1964.

COMPLETED PRIMARY COURSE.	Under Five.	School Children	Aged 16—25 years.	Aged 25—40 years.	Expect- ant Mothers.	Total.
M. & C.W. Clinics .....	2,148	14	23	124	1	2,310
School Children .....	—	623	4	15	—	642
Special Clinics .....	—	—	14	16	—	30
G.P.'s Surgeries .....	901	62	70	91	7	1,131
Hospitals .....	—	—	—	32	—	32
TOTAL .....	3,049	699	111	278	8	4,145
COMPLETED FOURTH DOSES.						
M. & C.W. Clinics .....	318	60	2	12	—	392
School Children .....	—	2,188	3	6	—	2,197
G.P.'s Surgeries .....	148	261	13	9	—	431
Hospitals .....	—	—	—	29	—	29
TOTAL .....	466	2,509	18	56	—	3,049

In addition to Oral Poliomyelitis vaccinations a total of 11 individuals received  
Booster Salk injections from their own General Practitioners.



## DAY NURSERIES.

The day nurseries have been remarkably busy during the year, more children having been admitted and discharged than in the previous year, and there has been a considerable increase in attendances. This, together with the difficulty of obtaining trained or experienced nursery assistants has made it a heavy year for the nursery staff. With so few authorities now offering a training for nursery work, staffing of day nurseries is becoming quite a problem and at times it has been necessary to cut down on "casual user" admissions. There were 11 resignations and nine appointments during the year.

During the year 676 applications for admission were made, 490 places were offered and of these 346 were actually taken. In addition, 406 individual children attended as casuals.

TABLE "B"

Nursery	Total Capacity	Children on Register 30.12.64	Children on Register during the year	No. of attendances		Total Attendances	Average daily Monday - Friday	Admissions during year	Discharges during the year	Casual users No. of $\frac{1}{2}$ day attendances
				0-2 yrs	2-5 yrs					
Gosforth Street ...	50	48	106	2395	7064	9459	38	60	58	1022
Renwick Street ...	50	43	123	1799	7148	8947	35	68	79	945
West Parade .....	50	52	177	1804	7054	8858	35	121	125	1914
Willow Avenue ...	50	49	101	1846	6040	7886	31	57	53	2115
Woodland Cresc.	25	28	62	1427	2720	4147	16	40	34	438
Total .....	225	220	569	9271	30026	39297	155	346	349	6434

Figures below show the total of children in the nursery at the end of 1964, and the reasons for their admissions.

Father in Prison.....	1
Unmarried Mothers .....	43
Widows .....	19
Separated or Divorced .....	51
Mother ill .....	30
Father ill .....	5
Father unemployed .....	1
Financial .....	20
Confinement .....	15
Difficult child .....	6
Special Recommendations .....	23
Teachers or taking training course .....	6

There were 23 physically and mentally handicapped children attending the nurseries during the year, seven of whom were over five years of age.

Specially assessed cases on reduced fees totalled 80, 28 of these being in attendance at the end of the year.

### **Child Minders.**

The number of women applying for registration as child minders is increasing. More parents seem to feel that their children need companionship in their pre-school years and because nursery schools are practically non-existent in the City, mothers with small children of their own are setting up small play groups, mostly in their own homes.

At the end of 1964, there were 16 registered child minders (frequently with additional staff to assist them) responsible for a total of 218 children.

### **NURSING HOMES.**

There were five nursing homes registered in the City at the end of the year, providing 15 maternity beds and 96 beds for other cases.

### **MIDWIFERY.**

The Midwifery establishment is 45 and the number of staff at the end of December was 36. During the year there were three resignations and one appointment.

The number of domiciliary births show a further decrease on the previous year—1,331 in 1964 compared with 1,565 in 1963—whilst the number of women booked into hospital for discharge within 48 hours of delivery increased. Approximately 566 homes were assessed by the midwives for this purpose, 334 for Newcastle General Hospital, 229 for the Princess Mary Maternity Hospital and the remainder for Preston Hospital.

There were 1,586 mothers discharged from hospital to the care of the domiciliary midwife which included 455 mothers discharged within 48 hours of delivery and 488 between the third and sixth day, *i.e.* 59% were in hospital for less than one week.

During 1964 only 55 Premature Infants were born at home—53 live births and two stillbirths. There were 42 nursed entirely at home, of whom 41 survived 28 days. The continuing reduction in the number of premature infants born at home reflects only one

facet of the vigilance which the domiciliary team exerts in the care of expectant mothers.

General Practitioners' ante-natal clinics held in Local Health Authority premises continue to flourish and during 1964 a further group of General Practitioners requested and were granted clinic facilities in the East End Centre. In addition nine groups of General Practitioners now have midwives in attendance at sessions held in their surgeries. Midwives are linked to 61 General Practitioners in this way.

Over the past year both City Maternity Hospitals have asked for increased help from the Local Authority midwives in the tracing of persistent defaulters from ante-natal clinics, a service for which they are very grateful.

#### SUMMARY OF DOMICILIARY MIDWIVES' WORK.

No. of ante-natal visits	No. of post-natal visits	No. of clinic visits	NUMBER OF BIRTHS.				No. of nursings
			Doctor not booked.		Doctor booked.		
			Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either booked Dr. or another).	Doctor not present at time of delivery of child	
1964 22,706	3,616	4,504	4	31	304	989	50,875
1963 26,179	3,033	4,412	3	37	392	1,129	54,250

There were three deliveries by private midwives.

#### Premature Infant Service.

One full-time and six part-time premature infant nurses were employed on this Service. The number of premature infants born on the district were as follows:—

Live Births .....	53
Sill Births .....	2
Total .....	55
Attended by Premature Infant Midwife .....	49
Transferred to Hospital .....	11
Nursed at Home .....	42

## LIVE BIRTHS NURSED AT HOME.

Weight	Total	Survived 28 days	Died
Up to 2 lbs. 3 ozs. ....	—	—	—
2 lbs 3 ozs. to 3lbs. 4 ozs. ....	—	—	—
3 lbs. 4 ozs. to 4 lbs. 6 ozs. .	8	7	*1
4 lbs. 6 ozs. to 4 lbs. 15 ozs.	9	9	—
4 lbs. 15 ozs. to 5 lbs. 8 ozs.	25	25	—
Total .....	42	41	1

## AGE GROUPS OF BABIES WHO DIED AT HOME.

Age	2lbs 3ozs	2·3—3·4	3·4—4·6	4·6—4·15	4·15—5·8
Within 24 hours .....	—	—	*1	—	—
2—7 days .....	—	—	—	—	—
8—28 days .....	—	—	—	—	—

\*This infant was, in fact, born at home and transferred to Ashleigh Nursing Home and died there.

Premature Infants born in hospital and nursed by the Premature Infant Nurse on Discharge Home—Total 138.

Newcastle General Hospital .....	69
Princess Mary Maternity Hospital ....	36
Dilston Hall, Corbridge .....	10
Preston Hospital, North Shields .....	7
The Green, Wallsend .....	11
Willington Quay Maternity Hospital	2
Queen Elizabeth Hospital, Gateshead	3

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## HEALTH VISITING.

For many years there has been a national shortage of health visitors. Fortunately this has not been the case in this City until the last year or two but now there is a very serious shortage. The establishment is 53 and the number employed at the end of 1964 was 40 and one part-time.

The skills of these highly qualified nurses are stretched to such an extent that only selective visiting can be undertaken. The demands by the public are ever increasing and it has been necessary to dilute this service: this has been done by the employment of three State Registered Nurses to visit the elderly and help in child welfare clinics.

Seven Health Visitors resigned for domestic reasons and two part-time Health Visitors and one State Registered Nurse also left during the year. One Health Visitor retired after 33 years in the department. During the latter years she specialised in contact tracing in conjunction with Ward 34 at the Newcastle General Hospital. It is interesting to note that the Health Visitor referred to, Miss Roxby, was one of the first student Health Visitors to be trained by this Authority (1930). Miss Roxby's work has now been taken over by two Health Visitors each working only part-time with Ward 34.

In July two newly qualified Health Visitors joined the staff and in September there was an additional one appointed.

The Health Visitor who for seventeen years was seconded to the Child Welfare Department, Royal Victoria Infirmary, returned to the department at the conclusion of the Survey undertaken by the Royal Victoria Infirmary and the Local Health Authority and was appointed as Deputy Superintendent Health Visitor/School Nurse in November.

The Health Visitor who for the last two years has followed up diabetics in this City has, at the request of the Chest Clinic, undertaken tests for early detection of tuberculosis in new cases of diabetes.

Hearing Assessments Sessions were started by Health Visitors in several clinics towards the end of the year. There were actually 80 assessments made.

Another Health Visitor has been attached to a Group Practice in the West End of the City.

When the Health Visitor Tutor left the Department in September a Health Visitor was seconded to undertake a Health Visitor Tutors' Course at the Royal College of Nursing, London and another Health Visitor was seconded to deal with day to day administration of the Health Visitor Training School.

In September, two Group Advisors were appointed but have not yet commenced duties in that field.

After the retirement of Miss E. Coulson, Senior School Nurse, in August, the School Nursing Staff became the responsibility of the Chief Nursing Officer with the day to day administration vested in the Deputy Superintendent Health Visitor/School Nurse. In

October, Miss A. C. Emmerson was appointed to this position. The establishment of School Nurses is 24; the number of nurses employed is 22 with 11 helpers and one part-time helper.

As a result of the move to the Civic Centre it was decided to appoint a full-time State Registered Nurse, her duties being (i) to act as a clinic nurse for any emergency involving either staff or visiting public, and (ii) to arrange the examination of new staff for superannuation and sick pay purposes. Mrs. Miller was appointed to this post in September.

Health Visitors at every child welfare clinic have been responsible for carrying out the quarterly Health Education theme. This has led to many interesting and original displays and discussions.

Mothers' Clubs continue to flourish in some parts of the City. Although under the supervision of the health visitors they are largely self supporting and provide an educational and social need for many women.

Home Visits paid by the Health Visitors were as follows :—

	1964	1963
Births and Children under one year ... ..	23,170	30,832
Children over one year ... ..	68,608	71,886
Infectious Diseases (other than T.B.) ... ..	177	858
Expectant Mothers ... ..	1,085	1,563
Aged Persons ... ..	14,405	14,068
Orthopaedic ... ..	9	9
Tuberculosis cases ... ..	447	689
Tuberculosis contacts ... ..	933	1,226
Hospital cases ... ..	94	92
Special Visits ... ..	1,736	1,076
Housing ... ..	119	234
Venereal diseases—contacts ... ..	367	423
Home accidents ... ..	9	20
Sanitary defects... ..	15	61
Totals ... ..	111,174	123,037
No. of households visited ... ..	17,902	18,725

In addition to the total shown there were 20,581 ineffective visits compared with 21,213 in 1963.

## ANCILLARY SERVICES.

### Bath Orderlies.

Fortunately there has been little staff change in this extremely valuable service. One of the two male orderlies was for a long

time working single handed until the appointment of a second male orderly was made in November.

The establishment is seven females and two males.

### **Home Advisors.**

One of the first Home Advisors to be appointed, Mrs. Head, retired during the year and another was appointed in her place. A fourth Home Advisor was appointed in October which has eased the situation a little and made it possible in some cases to give more help or to give help over a longer period.

It is interesting to note that the demand for this service is coming from a wider field than hitherto. During the year 25 families had the help of a Home Adviser, 16 of these being new cases, and the remainder having been carried over from the year before. 15 cases were discharged in 1964. Of these 15 cases the Home Adviser was withdrawn in three because things were hopeless and no progress was being made after several months trial. In two others there was no co-operation from the mother. Two families were doing well and two others were making very encouraging progress, all four being anxious to try and to cope alone. Another after a great deal of help was making fair progress. The Home Adviser was withdrawn in the other cases for various reasons; in two cases the mother went out to work and in another the mother went into Hospital. Even in the least satisfactory the families were supported for a period, more than which we can hardly hope for in some cases.

### **Wardens.**

Because of the proved value of the service, an additional two wardens were appointed, one to the Fenham area and one to the Heaton area. Unfortunately the warden from Heaton left in December. The establishment is four and the present staff—three.

### **Health Visitor Training School.**

This has undergone many changes during the year. The 1963/1964 course of 19 students completed their course in July and 18, including two students sponsored by Newcastle were successful in passing the examination of the Royal Society of Health. Miss Willoughby resigned her position as tutor in September. The post was advertised but no appointment was

made. The 1964/1965 course of 18 students, three of whom are sponsored by Newcastle, commenced in October 1964. Miss Sanderson, Deputy Chief Nursing Officer, undertook the duties of tutor and the overall administration of the training school at very short notice. She has been assisted by the secondment of a health visitor to help in the day to day administration.

## HOME NURSING.

Here again there have been several changes of staff. During the year there have been several periods when there have been extreme staff shortages, although regular and continuous service has been given where possible. The amount of time given nowadays to the care of the sick elderly has of necessity been increased. This has been brought about by the great age and frailty of many of the patients.

Co-operation with General Practitioners was put on a more specific basis by attaching one Home Nurse to a general practice in August. This may possibly be the first of many such attachments.

In November an Assistant Superintendent was appointed. The staff establishment is now 47 plus three administrative staff. During the year there were seven resignations and five full-time and two part-time appointments. At the end of the year the staff was 44 full-time plus two part-time home nurses and three administrative staff.

The number of visits during the year increased from 150,644 in 1963 to 153,996. This increase has been due to medical cases, visits to surgical cases having declined. New cases of hemiplegia, carcinoma, gynaecological and post obstetric and gastro-intestinal conditions have all increased.

The establishment of dressing attendants was raised from two to four and this has been a great help to the home nurses in their care of handicapped people.

The night sitter service has also given valuable help to many families.

The Marie Curie Memorial Foundation Nursing Service, although only arranged and supervised by the Administrative Home Nursing Superintendent is also a valuable service and a great boon to those receiving the service.



## District Nurses Training School.

As in previous years, two Courses were held, one in February with 10 students and another in October also with 10 students. Of this number, 18 were successful in passing the State Examination for District Nurses. Four of these were Newcastle students and the remainder were students seconded from other Authorities in the North East.

### HOME NURSING

Type of Case	Cases brought forward from 1963	New Cases 1964					
		Total	Under 1 year	1-4 years	5-14 years	15-64 years	Over 65 years
Cardiac .....	161	295	...	...	...	75	220
Respiratory .....	28	221	...	2	5	110	104
Hemiplegia .....	78	287	...	...	...	37	250
Senility .....	93	231	...	...	...	...	231
Infectious Diseases .....	4	28	...	...	1	11	16
Tuberculosis .....	49	94	...	3	1	84	6
Diabetes .....	35	49	...	1	1	11	36
Accidents and Other Violence	51	205	1	9	9	71	115
Carcinoma .....	31	303	...	...	...	159	144
Genito-Urinary .....	30	131	4	...	5	51	71
Gynaecological and Post Obstetric .....	49	163	...	...	...	140	23
Breast Abscesses .....	...	13	...	...	...	12	1
Stomach and Intestinal Complaints .....	60	566	...	3	23	327	213
Skin Infections .....	27	190	2	9	17	93	69
Varicose Ulcers .....	55	70	...	...	...	21	49
Rheumatism .....	39	90	...	...	...	27	63
Other Diseases .....	90	272	...	4	9	165	94
Anaemia .....	220	185	...	...	...	82	103
Diseases of Early Infancy .....	...	2	2	...	...	...	...
Normal Infants .....	...	1	1	...	...	...	...
<b>TOTALS .....</b>	<b>1100</b>	<b>3396</b>	<b>10</b>	<b>31</b>	<b>71</b>	<b>1476</b>	<b>1808</b>

<i>Cases Referred by:</i>	<i>Number</i>
General Practitioners .....	3145
Maternity and Child Welfare Department	17
<i>Newcastle Hospitals:</i>	
Newcastle General Hospital .....	115
Royal Victoria Infirmary .....	94
Walker Gate Hospital.....	1
Fleming Memorial Hospital .....	—
Other Hospitals .....	18
Miscellaneous .....	6
<b>Total .....</b>	<b>3396</b>
<b>Total Visits .....</b>	<b>153996</b>

**PROBLEMS OF CHILDREN NEGLECTED OR  
ILL-TREATED IN THEIR HOMES.  
CO-ORDINATING COMMITTEE.**

During the year seven meetings of the Co-ordinating Committee were held and nineteen new cases were brought forward for consideration. One change occurred in the constitution of the Committee in that, at the request of the Chief Constable, a Member of the Women's Police Force was co-opted as a member. The Medical Officer of Health remained Chairman with the Children's Officer as Vice-Chairman. Membership of the Committee is now 19 and it pleasing to comment once again that meetings are well attended.

Cases have been referred from the following sources:—

	1964.	1963.	1962.	1961.	1960.
Deputy Superintendent School Nurse/ Health Visitor ... ..	6	5	3	10	13
Chief Nursing Officer ... ..	6	5	7	1	—
Head Teacher Representatives ... ..	1	2	—	3	1
Organiser of Child Care ... ..	—	3	—	1	4
Probation Service ... ..	—	1	—	3	1
National Society for the Prevention of Cruelty to Children ... ..	2	8	6	1	3
Medical Officer of Health ... ..	1	—	1	—	1
Housing Department ... ..	2	1	—	—	1
Youth Employment Bureau ... ..	1	—	—	—	—
	—	—	—	—	—
	19	25	17	19	24
	—	—	—	—	—

The number of cases reported during 1964 fell once again and at each meeting discussions took place on an average of 20 previously notified cases, reporting progress or asking for additional help and guidance, as appropriate.

Cases reported to the Committee are not always wanton neglect and with a little co-operation from interested members satisfying results can be achieved. One such case was reported as the children were arriving late at school, dirty and ill clad. Investigation revealed that mother had left the home, father was in poor health, out of work and struggling to keep together his home and children. With the co-operation of the Health Visitor, School Nurse and the Housing Department, it was possible to clean up the children, advise father on their care and also to arrange an exchange of house so that that the family were domi-

ciled near to relatives who were willing and able to supervise the children, see them off to school, etc. Father's health improved and he was able to go back to work. This is the type of case which proves so encouraging and makes the efforts of the Committee worthwhile.

Families in debt are still rather a problem, especially with hire purchase and rent arrears and I am grateful to the Representative of the Housing Department for deferring evictions for non-payment of rent until Members were able to co-operate and see what help and advice could be given to such families, in order to keep them together. In most cases a satisfactory solution was worked out. The N.S.P.C.C. and other interested Members also give valuable aid with clothing and furniture.

During the year, in addition to the Co-ordinating Committee of Social Workers in the Kenton area, sub-committees were set up in the Blakelaw and Atkinson Road areas, meeting at agreed intervals under the chairmanship of an Assistant Medical Officer and attended by Members of the Teaching staff, Corporation Departments, National Assistance Board, Women's Voluntary Service, Probation Service, N.S.P.C.C. and Police. These small committees in selected areas have proved very successful in dealing with problems of school-children quickly and efficiently. The Home Advisers' Sub-Committee is also functioning satisfactorily and allocating the services of Home Advisers to the most deserving families who are able to profit from their guidance. There are, of course, disappointments, but after all, even if only one family is lifted out of its turmoil, that is victory.

Once again I would like to thank the Members of the Committee for the willing and invaluable help they have given during the year and for their continued loyal support.

## **PRIORITY DENTAL SERVICE FOR NURSING AND EXPECTANT MOTHERS AND CHILDREN UNDER SCHOOL AGE.**

The Maternity and Child Welfare Dental Service was operated throughout the year from all the school clinics and the former Maternity and Child Welfare dental unit at St. Anthony's Clinic. This arrangement was adopted in May of last year and it has

proved popular with the mothers using the service as it has in most cases cut down travelling considerably and brought the amenities of the service nearer home..

Probably because of this there has been a slight rise in the attendance rate for the children while the output of work as measured by the number of fillings inserted is up by 14% on last year's figures.

On the other hand there has been a decline in the number of mothers using the service on their own account. This is undoubtedly due to the abolition of all dental charges in the General Dental Service. The clinics, with their special facilities however, remain fairly popular with the young children.

While routine treatment such as fillings and extractions was carried out in all the clinics, the more complicated and specialised treatment was as formerly, undertaken at the Central Clinic, and cases requiring specialist advice or treatment were referred to the Sutherland Dental Hospital.

Details of work carried out during the year are given below.

### NUMBER OF CASES

	Number of persons examined during the year	Number of persons who commenced treatment during the year	Number of courses of treatment completed during the year
1. Expectant and Nursing Mothers .....	120	90	50
2. Children aged under 5 years and not eligible for school dental service .....	1633	607	584

### DENTAL TREATMENT PROVIDED.

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns and Inlays	Extractions	General Anaesthetics	Dentures Provided			Radio-graphs
							Full upper or lower	Partial upper or lower		
1. Expectant and nursing mothers .....	20	154	0	0	254	56	25	9	1	
2. Children under 5 years and not eligible for school dental service ....	40	1309	18	0	530	266	0	0	0	

# AMBULANCE SERVICE

(Mr. H. M. Roberts).

A summary of the patients carried and the miles travelled during the year under review is set out below with comparable figures for the previous year.

Year	City		Section 24 Other Authorities		Ancillary	Miscellaneous includes Training Centre & Welfare	
	Cases	Mileage	Cases	Mileage	Mileage	Cases	Mileage
1963	148,532	581,264	3,453	60,907	27,338	75,256	181,717
1964	156,396	593,892	3,416	55,273	31,610	79,759	195,363
Diff.	+7,864	+12,628	—37	—5,634	+4,272	+4,503	+13,646

Year	Total	
	Cases	Mileage
1963	227,241	851,226
1964	239,571	876,138
Diff.	+12,330	+24,912

## Persons Carried.

The steep rise in the demands of the Service experienced in 1963, as predicted levelled out during the year under review and in common with the general trend of the Health Services, a steadily increasing demand in the region of 5% seems to be the emerging pattern.

## Miles Travelled.

Despite the increase in Ancillary mileage which is made up of unproductive and administrative journeys, the total increase is only 3% resulting in a further drop in the "Mile per patient" figure from 3.75 to 3.65.

This statistical figure does not portray entirely the true picture, as although the actual mile per patient is being reduced, the "time per patient" is increasing, this being due to the deteriorating traffic conditions under which the Service has to operate.

The time per journey has increased by an average of 15/20 minutes. This effects the size of the establishment as the number of journeys per vehicle is reduced, also effected is engine life and fuel consumption, as although a vehicle is covering less miles, engine running time is longer and operating conditions are at their worst, consequently engine wear is accelerated and m.p.g. reduced.

During the year the ideal maximum load per vehicle has been reached and to increase the "catchment area" of a vehicle any more would not only inconvenience the patient, but would cut across the hospital's policy of endeavouring to reduce the length of time an out-patient is away from home on a hospital visit.

### **Co-ordination.**

There has been a further increase over the last year in the liaison with visiting authorities, and it has been possible to channel into vehicles visiting the City's hospitals and returning with spare capacity to their own area 18,174 cases.

### **Work other than Section 27, National Health Service Act.**

The expansion of the various Social Services which involve transport of some kind or another has increased over the year by some 7%. Whilst operationally this work is quite straightforward, the administrative demands are much greater, and the ratio of clerical staff required to ensure an adequate service in comparison to other work is higher.

### **Maintenance.**

Year	Overhauls 10,000 Miles	Inspection 2,000 Miles	Miscellan- eous Repairs	Rebuilt Components	Vehicle Repaints
1963	68	324	532	31	12
1964	70	311	438	20	15
Diff.	+2	-13	-94	-11	+3

The Workshops are operating under difficult conditions, as it is still necessary to retain vehicles after they have become uneconomical to maintain.

There has been an increase in mechanical failure over the year, but fortunately this has not caused any major delays in meeting commitments.

When the New Premises are available and the revised renewal programme is stabilised, there is no doubt that the general standard will improve. The efforts of the staff are to be commended for maintaining the service under the pressures and conditions under which they have to operate.

### **Premises.**

This has been another frustrating year in regard to premises, as apart from the fact that St. Mary's Place is in a dilapidated condition, the growth of the Service has further embarrassed working conditions. This coupled with the prospects of a further temporary move to other premises pending the opening of the New Headquarters has been unsettling to the staff, which is understandable.

On the credit side the development and progress of the new premises in Blenheim Street has been most encouraging. Also the Committee's decision this year to provide adequate heating and lighting to the Tantobie Road Depot has been appreciated by the staff and this depot now has a high standard.

### **Vehicles.**

Additions to the fleet this year comprised: 3—Dual Purpose Ambulances, 2—12 Seater/Goods Personnel Vehicles, 1—Mini Pick-up Truck and a new type of unit in the form of an Articulated 32 Seater Passenger Coach. This unit has an additional trailer for the conveyance of passengers or bulk goods, its primary purpose is for the mass daily pick-up and return of cases attending the Training Centre, and for the aged and physically handicapped to be carried to Community Centres—it being particularly suitable for this work as it will carry a number of wheel-chair cases in addition to sitting passengers and also has the advantage of a very low loading height.

It has not been possible during the year to dispose of any vehicles as the programme has had to be one of expansion more than replacement.



## **Staff.**

During the year there have been two resignations from the Administrative Staff and thirteen resigned or retired from the Operational side.

There is no doubt that during the 16 years the Service has been operating, conditions and requirements have changed and the growth of the Service has been rapid.

Despite the problems that have arisen during these years, the overall relationship between staff and management has remained good, and there is little doubt that the Service is united in presenting an efficient front to the public.

## **First Aid.**

All members of the staff are qualified in this subject and hold either the St. John Ambulance Brigade or the British Red Cross Society Certificate in accordance with the Ministry of Health and the Local Authorities' requirements.

## **Sickness.**

The operational staff lost 1,048 days due to sickness and 129 were lost by the administrative staff.

## **Safe Driving Awards.**

Eighty five members of the staff were entered, and seventy were recommended for awards.

## **Accidents.**

During the year there have been eleven accidents which necessitated making claims upon the Insurance Company.

## **Civil Defence.**

Good progress has been made on "in service" training, and there is no doubt that in the event of mobilisation the existing staff, diluted by the recruitment of physically fit volunteers could present an expanded Ambulance Service capable of making an effective contribution in a National Emergency.

## HEALTH EDUCATION.

(Dr. J. T. Jones).

### 1. General Outline.

The arrangements for providing health education for mothers and infants, school children and adults have continued as before with perhaps an increased emphasis on health education in schools. The success of health teaching in schools depends very largely on the close co-operation between school doctors, school nurses, health visitors and head teachers and one of the most pleasing features of recent years has been the increasing participation by head teachers in this field.

Regular meetings have taken place with Head Teacher representatives and the staff of the Education Department. Suggestions relating to Smoking and Health, Home Accidents, Sex Education, Food Poisoning, First Aid and the Cohen Report have been discussed.

It has been agreed with Head Teachers that materials, talks and demonstrations are given only on request and this has worked quite well.

The Cohen Report has added a welcome stimulus to this whole subject and although one of its main recommendations was the appointment of a health education officer, a very necessary member of the team, repeated advertising has failed to attract a suitable candidate. This is under review.

The four quarterly campaigns on the lines reviewed in recent annual reports were:—

January—March	...	...	...	First Aid.
April—June	...	...	...	Street Accidents
July—September	...	...	...	Care of the Elderly.
October—December	...	...	...	Vaccination and Immunisation.

“Care of the Elderly” was the theme for the Tyneside Summer Exhibition on the Town Moor in August. The project was carefully planned by a small team of senior officers and set out pictorially where possibly, but otherwise in a series of diagrams and short phrases. Preparation for retirement, domiciliary and residential services provided by both statutory and voluntary bodies were illustrated and finally action from the public to help overcome the many problems of the elderly was called for. Approximately 30,000 saw the exhibition.

## 2. Staff Training in Health Topics.

Home Nursing Services continued their monthly meetings.

The Medical Staff discussed vaccination and immunisation, disposable syringes, infectious diseases, notification of acute rheumatism, Smokers' Advisory Clinic and many other subjects; and towards the end of the year were reviewing the lines of communication within the service and new methods of keeping up to date made easier in the Civic Centre with the improved facilities.

Refresher courses and attendance at local scientific meetings continued.

## 3. Health Education in Schools.

Little change except some expansion of health visitor talks in schools.

## 4. Venereal Disease.

No specific scheme was introduced in 1964.

## 5. Smoking and Lung Cancer.

The attendance at the Smokers' Advisory Clinic together with the results of one year's progress were reviewed early in 1964. Charges for attendance were increased.

Dr. E. G. W. Hoffstaedt conducts the clinic.

The Committee reviewed the position of tobacco smoking and cancer of the lung in April and recommended that:—

- (1) suitable notices should be displayed at the main entrances of all Municipal buildings
- (2) the staff should be asked not to smoke in corridors, etc.
- (3) the question of the smoking on the top of double decker buses should be reconsidered and also whether tobacco advertisements should be displayed on these vehicles
- (4) another attempt should be made to prohibit smoking in theatres and cinemas
- (5) every opportunity should be taken to bring to the notice of schoolchildren the dangers of starting the smoking habit
- (6) tobacco advertisements should not be accepted if possible on hoardings owned by the Corporation.

As most of these items were not under the direct control of the Health and Social Services Committee, the appropriate recommendations were made to those concerned.

## HOME SAFETY.

*(Dr. G. Hamilton Whalley).*

The Home Safety Committee of the Health and Social Services Committee, which meets twice a year, gives increasing publicity to home safety as an important and salient part of overall health education.

The Voluntary Organisations Home Safety Sub-Committee meets several weeks later and assists communication with about 170 women's organisations and groups in the City.

Topics adopted by the Royal Society for the Prevention of Accidents for national campaigns are usually supported by the Committee and publicity includes talks to voluntary organisations.

Poster displays include, where possible, reference to other home safety subjects. Publicity was supported by contributions to the "Civic News" which has a monthly circulation of 24,000 copies, by leaflets, and by franking mail.

Lecture demonstrations on "Housework with Ease and Satisfaction" were given to voluntary organisations. Contributions on Home Safety were made to a staff magazine and information given to students for theses on Home Safety.

The general topics that were dealt with are outlined below, but in addition to these, it is emphasised to the staff who visit people in their homes, including home helps, that they can play an important part by appropriate advice.

### **January — March.**

1. Publicity on "Christmas Safety" was continued into the New Year.
2. The new topic adopted by R.O.S.P.A. for a national campaign "Protect their Sight" was supported in particular by issuing posters and leaflets to optical practitioners in the City which were distributed with the assistance of the Clerk to the Newcastle Executive Council. Three posters were designed in the department in support.

### **April — June.**

1. Some continuing emphasis was given to the "Protect their Sight" campaign.
2. A joint Home Safety and Road Safety Exhibition was held in May in a large departmental store which was opened by the Lord Mayor. An attractive layout emphasised water safety, safety on holidays and outings, and flameproof nightclothes. A home accident film was shown over 50 times in the week.
3. In May the department co-operated in a television emphasis on Home Safety.

### **July — September.**

1. Publicity on "Water Safety" was continued for the third year as a main topic. It was directed towards "Learning to Swim and Lifesaving" and emphasised by an attractive display in the entrance hall to the Northumberland Road Baths.
2. Some minor emphasis was given to the national campaign "Do it Yourself with Safety," and to the message "Take Safety on Holidays and Outings."
3. A large multiple store provided a display on water safety.

### **October — December.**

1. Special publicity was given for the third year to "Care with Fireworks." Three posters were specially printed, one of which was screen printed and used for the first time on public service vehicles over a ten day period.
2. Some publicity was given to the use of fireguards and the prevention of burns, as well as to the message "Buy Safe Toys and Gifts," "Safety at Christmas," and also to flameproof children's nightclothes.

### **General Scope of Publicity.**

Each main campaign covered the Health and Social Services Department and other departments of the Corporation, such as the City Libraries, the Housing Department, Baths and Laundries, the Covered Market, City Transport Canteens and also Chest and School Clinics, Schools, Colleges of Further Education and the University, as well as large industrial and commercial organisations and larger shops and insurance companies.

## **Public Attitude to Home Safety.**

Whilst local authorities do support Home Safety publicity in their own areas it is clear that only concentrated publicity on a national scale using the most effective media, will effectively portray and emphasise the toll of accidents and death which occur in and around the home and on holiday.

If home safety received the same publicity that road safety is given there is no doubt that there would be far fewer home accidents which still cause more deaths than occur on the roads.

# MENTAL HEALTH SERVICES

(*Dr. Peter Morgan — Consultant Psychiatrist*).

## Foreword.

During 1964 there was no major change in the work of the Mental Health Services. The number of new patients referred for care in the community decreased, however, the total case load increased due to the accumulation of patients requiring prolonged supervision. It seems likely that the total number of mentally handicapped persons, including those who are partially recovered from mental illness, and those who are mentally subnormal, will increase from year to year. Whilst a proportion of these persons will be capable of normal employment and accommodation, others will require sheltered workshops and hostels.

The employment and training of mentally handicapped patients is complex, and a matter for experiment. Experience at the Jubilee Road Adult Training Centre for the mentally subnormal suggests that it is impossible to generalise about the work potential of an individual person. Intelligence, as measured by formal testing, is no more than a rough guide; personality factors, social abilities and specific motor deficiencies and skills are all involved. As a general rule the speed of learning and the speed of work is slow, but powers of retention are good. It has been found that the Social Training Programme must be geared to the individual; some success has been attained by the application of competitive money games programmed by the staff and related to a wide variety of money situations from coin recognition to simple budgeting: in a like manner, progress has been made in reading-sight vocabulary using a combination of look and say and phonics.

A small Psychiatric Day Centre was started in November, using surplus accommodation at Summerhill Hostel. This has been staffed by the Training Centre until specific appointments can be made in 1965. Eventually thirty men and women disabled by mental illness will be employed on industrial contract work. By the end of the year eight women were employed, using industrial sewing machines. The majority of these were chronic schizophrenics who have made surprisingly rapid progress. The Unit is obviously still in the experimental stage, but enables a comparison to be

made between the aptitudes for work of the mentally ill and the mentally subnormal.

Summerhill Psychiatric Hostel has continued to flourish, and the good turnover of residents recovering from mental illness has been maintained. The importance of selection and maintaining a mixture of residents at the hostel in order to facilitate rehabilitation, has once again been shown.

The number and type of hostels required for the mentally ill is not easy to assess. A survey of the chronic psychiatric hospital population suggests there is a need for :

1. Short stay rehabilitation and prevention hostels similar to Summerhill. 25 beds per 100,000 population.
2. Long stay psycho-geriatric hostels for mentally disturbed old persons, chiefly schizophrenics and senile demented. 25 beds per 105,000 population.
3. Long stay geriatric hostels for elderly mildly demented persons. 25 beds per 350,000 population.

As the figures are based on hospital patients and not those in the community, they can only serve as a guide. The hostel needs of the elderly, mildly demented person is likely to be very much greater than indicated. No figures are yet available for the needs of the mentally subnormal.

### **Committee Composition, Administration and Staff.**

- (a) The Mental Health Sub-Committee comprises all members of the Health and Social Services Committee.
- (b) The staff consists of one Consultant Psychiatrist (part-time), one Senior Psychiatric Social Worker (vacant), one Psychiatric Social Worker (vacant), one Senior Mental Welfare Officer, four Mental Welfare Officers, two Welfare Assistants and two Trainee Mental Welfare Officers.
- (c) During the year one trainee Mental Welfare Officer successfully completed the course leading to the National Certificate of Social Work, and two trainees are at present away on the course.
- (d) The staff of the Jubilee Road Training Centres consists of a Manager, Deputy Manager, two Supervisors (one vacant), five



Craft Instructors, twelve Assistant Supervisors, one S.E. Nurse and three Cadet Trainee Assistant Supervisors.

- (e) Miss M. S. Hope, the Supervisor of the Jubilee Road Junior Training Centre retired in December, 1964, after twelve years service.
- (f) The staff of Summerhill Hostel consists of a Warden, Deputy Warden, Cook and two Domestic.

### **Community Care.**

The number of home visits made by Mental Welfare Officers concerned with the care of mentally disabled persons in the community was unchanged from the previous year—see table I. The individual case load per officer is in the region of 80 patients.

Two hundred and fourteen persons suffering from mental illness were referred for care in the community, and as in previous years, the majority of these referrals were for persons suffering from schizophrenic illness, many of whom would require life-long support.

### **Community Care Clinics.**

Owing to the decrease in referrals to these clinics during 1963, it was decided to stop the clinics at Blakelaw and St. Anthony's and double the number held at the Newcastle General Hospital. It is interesting that the patients seemed more willing to attend a distant clinic than one in their neighbourhood. This may well be related to the stigma which is still attached to mental illness. Seventy-two new patients were seen, and there was a total of one hundred and thirty-six attendances.

### **Social Clubs.**

The three social clubs have continued through the year.

The Good Companions Club meets one evening a week, and is organised with the help of the members of Toc. H. for ex-psychotic patients. It has a membership in the region of fifty.

The Friends Thursday Club, which is for neurotic patients, and is organised in association with the Society of Friends, has a membership of just over one hundred.

The weekly evening club for mentally subnormal adults, is organised by the Training Centre Staff and is attended by approximately eighty mentally subnormal persons.

The clubs are attended both by patients living at home and in the hospitals.

The assistance given by Toc. H. and the Society of Friends is greatly appreciated by the Department.

## STATISTICS.

### Community Care.

The total of seven thousand and eighty-nine home visits were made in connection with the care of mentally disordered persons in the community.

TABLE 1.

1964	1963	1962	1961
7,089	7,180	6,337	3,951

### Mental Illness.

A total of two hundred and fourteen persons suffering from mental illness were referred for care in the community.

TABLE II.

Diagnosis	G.P.	Hosp. I.P.	Hosp. O.P.	L.E.A.	Police Courts	Other Sources	Total
Schizophrenia ...	1	64	8	—	2	11	86
Neurosis ...	3	14	3	—	—	3	23
Dementia ...	1	8	1	—	—	6	16
Delirium ...	1	1	—	—	—	—	2
Manic Depressive	1	8	1	—	—	9	19
Psychopath ...	2	11	3	1	1	4	22
Sub-normal ...	1	3	1	2	5	4	16
Sev. Subnormal ...	—	1	—	15	—	2	18
Others ...	—	7	1	—	1	3	12
Total ...	10	117	18	18	9	42	214

Mental Welfare Officers were concerned in the following Hospital admissions :

TABLE III.

	St. Nicholas Hospital	Psychiatric Unit General Hospital	Other Hospitals	Total
Informal Admissions .....	36	1	4	41
Under Section 29 .....	38	2	5	45
Under Section 25 .....	102	1	1	104
Under Section 26 .....	25	—	2	27
Under Section 60 .....	1	—	2	3
Under Section 65 .....	—	—	1	1
Under Section 136 ....	11	1	—	12
Total .....	213	5	15	233

The following table shows the number of City residents treated in St. Nicholas Hospital and the Newcastle General Hospital during the year.

TABLE IV.

	St. Nicholas Hospital	Psychiatric Unit General Hospital	Total
Admissions			
Informal .....	572	328	900
Section 29.....	39	1	40
Section 25.....	138	3	141
Section 26.....	26	—	26
Section 136 .....	11	1	12
Section 30.....	—	3	3
Section 60.....	2	—	2
Section 71.....	—	—	—
Discharges .....	700	314	1,014
Deaths .....	122	—	122

St. Thomas' Psychiatric Out-Patients Clinic serves as an extension into the City of the three hospitals in the area taking cases of mental disorder, the building being provided by the Regional Hospital Board. The number of City patients by sources given below, covers a four year period.

TABLE V.

	1964	1963	1962	1961
General Practitioners .....	299	210	232	235
Follow-up of discharged Hospital patients .....	98	102	140	147
Probation Officers .....	16	31	20	36
Children's Dept. ....	4	—	—	—

In addition, it must be remembered that City residents attend Psychiatric Out-Patients Department at the Royal Victoria Infirmary, Newcastle upon Tyne, but no statistics are available from this source.

### Summerhill Hostel.

TABLE VI.

Admissions =47 (54) Involving 43 (46) women.  
 Discharges =49 (38) Involving 46 (31) women.  
 Successfully returned to the Community = 44 (26).  
 Returned to Hospital 5 (5) women.  
 Figures in brackets represent 1963.

### Subnormality.

(a) The number of new cases reported during the year was 97.

TABLE VII.

Referred by	Subnormal		Sev. Subnormal	
	Under 16 M. F.	Over 16 M. F.	Under 16 M. F.	Over 16 M. F.
General Practitioners .....	— —	2 —	— —	1 —
Hospitals on discharge from in-treatment .....	— —	1 1	— —	1 —
Hospitals O.P. or day patient treatment.....	— 1	1 —	— —	— —
Police or Courts .....	— —	— —	— —	— —
Other Sources .....	— —	2 3	6 4	— —
Director of Education .....	— 1	27 16	15 11	— 4
Totals .....	— 2	33 20	21 15	2 4

(b) These cases were dealt with as follows :

TABLE VIII.

	Over 16		Under 16	
	M.	F.	M.	F.
Community Care .....	31	18	5	6
Admitted Training Centres	—	2	12	7
Left Area .....	3	2	—	2
Admitted to Hospital .....	1	—	3	1
Admitted to Borstal .....	1	—	—	—
Action unnecessary .....	2	—	1	—
Total .....	38	22	21	16

Sixteen cases were admitted informally to Hospitals and one male case was dealt with under Section 72 (transferred from prison). Temporary Hospital Care was obtained for forty-six cases. Five cases were discharged from Hospital.

The number of cases awaiting Hospital care was 26, (19 urgent and 7 non-urgent).

TABLE IX.  
TRAINING CENTRES.

	Junior	Adult	Total
Attendances .....	16,006 (17,474)	23,271 (22,530)	39,227 (40,004)
Admissions.....	18 ( 25)	22 ( 35)	40 ( 60)
Discharges .....	15 ( 20)	29 ( 14)	44 ( 34)
Places Provided ....	96 ( 103)	126 ( 116)	222 ( 219)

Figures in brackets represent 1963.



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**III—SOCIAL SERVICES**

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**INCLUDING THOSE PROVIDED UNDER  
NATIONAL ASSISTANCE ACTS, 1948 AND 1951**





# SOCIAL SERVICES

## INCLUDING THOSE PROVIDED UNDER

# NATIONAL ASSISTANCE ACTS,

## 1948 AND 1951

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### CARE OF THE ELDERLY AND THE HANDICAPPED

(DR. JOYCE GRANT).

#### 1. Introduction.

Geriatrics is the branch of general medicine concerned with the clinical and social aspects of acute and long-term illness, the prevention of invalidism and disability and treatment of appropriate illness in the elderly. It is an expanding subject in which many advances in knowledge and techniques have been made in recent years. The community has a responsibility to ensure that the benefits of these advances are enjoyed by those who are old and ill or suffering from long-standing disease. This, it would seem, is largely an organisational problem, but it is complicated by the development of a multiplicity of agencies each with its own contribution to make to solving problems and providing services concerned with the health and welfare of the elderly and handicapped. For example, the Health and Social Services Department, Housing Department, General Practitioners, Hospital Services, National Assistance Board and Ministry of Pensions all have a part to play. To these must be added the efforts, by no means negligible, of a number of voluntary agencies.

The social and medical problems of the elderly and handicapped are invariably interrelated and it is often impossible and usually undesirable to separate them. When responsibilities are divided, however, it is inevitable that difficulties should arise in the co-ordination of services. It was with the intention of overcoming some of these difficulties that a Senior Medical Officer was appointed in October 1963 to work among the elderly and handicapped in the City, and to assist general practitioners and hospital

consultants by co-ordinating the services they provide with a wide range of facilities provided by the Health and Social Services Department and other agencies concerned. In the paragraphs which follow, an account is given of the first year's work of the new service and some of the problems that have arisen are described. A numerical summary of the work is given at the end of the report.

## **2. Some problems of community care.**

In 1961, the year of the last census, in the city of Newcastle upon Tyne there were 39,506 persons of pensionable age (11,924 men over 65 and 27,582 women over 60), 20,924 being between 65 and 74, 8,895 between 75 and 84 and 1,321 85 or over.

Of the total of 39,506, 8,213 lived alone and about 3,000 were estimated to be housebound. The ascertainment of old persons in need is one of the most important problems of community care which yet remains to be solved. During the year a number of frail old people were discovered living alone without any help and unaware of how to obtain it. The department receives valuable information from a variety of sources including general practitioners, hospital almoners, health visitors, district nurses, social welfare officers, home helps, wardens of housing schemes, voluntary agencies, relatives, friends, neighbours, and even tradespeople (especially the milkman); but many of these groups are under no special obligation to the department and information is given largely on voluntary and humanitarian grounds. Too much is left to chance, and until a workable scheme of notification and registration is devised, there will be some old people who will live, and die, in complete isolation, misery, squalor and neglect. Meanwhile, the department is endeavouring to compile a register of all old people who are living alone and of others who appear to be vulnerable or at special risk.

It is sometimes suggested that compulsory notification or registration might lead to infringements of personal liberty. The object of community care, however, is to preserve and maintain independence, for those who wish it, in their own homes, and by mobilising and co-ordinating the many services now available, to enable them to continue to live there. It is not sufficiently recognised that some old people who refuse services do so because of

mental or physical deterioration. They may be apathetic, suspicious, and eccentric, and unable to make rational judgments about their own plight — a state of affairs which commonly accompanies mental or physical illness in the elderly. Much of this illness is treatable and might even be prevented with early recognition and notification.

For example, the “home help” is one of the key services available to maintain the elderly in their own homes. Housework, shopping, cooking and cleaning, attending to personal needs, and many other acts of kindness beyond what is demanded by their terms of service, are carried out by home helps in cases when there is no relative or friend available. Maintenance of this service has prevented admission to residential home or hospital in a number of cases, and could have done so in others if the need had been ascertained earlier. The importance of the home help service is underlined when, by reason of absence of staff through illness, there is no one to light a fire or cook a meal, and rapid deterioration in the condition of an old person ensues, and emergency admission to hospital, primarily on social grounds, becomes necessary. Or again, the services of a district nurse, if provided in time, can do much to rehabilitate the elderly and encourage them to become ambulant and independent when they have been ill. In this connection it is important to recognise that old people cannot be hurried. Painstaking and patient attention is required and the number of visits needed by a nurse and the time each visit takes are both greater than for younger age groups.

Under-nutrition and anaemia are common causes of admission to hospital and there is no doubt that many elderly people living alone are half-starved. Apathy, ignorance and poverty are largely to blame. The meals on wheels service provides a nutritious two course meal delivered to the door at a cost of 1/3d. and the earlier this service is provided for those who need it the better.

Many old people live in unsuitable accommodation and may be virtually imprisoned if they live in an upstairs flat and are unable to negotiate stairs. In addition to such difficulties there may be an outside toilet and no bath. The Housing Department is making considerable effort to rehouse some of those living under such conditions in downstairs accommodation or in multi-storey flats with lifts, but some can remain in their own homes provided

suitable adaptations can be made. Safety measures may also be needed in the shape of hand rails on stairs, extra lighting, bath rails and safety gas devices (which the Gas Board is able to supply for most of its installations). Old people are often susceptible to cold and during the winter months may be in danger of the condition known as hypothermia. Though they like to see an open fire they may have difficulty in tending it and there is always a fire hazard. Modern, safe, labour-saving methods of heating are to be preferred. A wide range of personal aids and gadgets is available to enable physical handicaps to be overcome (*e.g.* wheelchairs, walking aids, commodes, special cutlery and culinary equipment etc.). It is important for those who are living alone and the handicapped and housebound to install special means of communication with the outside world for use in the event of emergency.

For the active elderly, social and luncheon clubs do much to preserve interest in life, and for those who cannot leave their homes regular visits by a social welfare officer, health visitor, or warden of a housing scheme or a visitor from a voluntary agency help to combat loneliness and a sense of isolation. For old people who are finding increasing difficulty in managing at home a day centre is provided to which they are taken by ambulance. Grant-aided holidays, convalescence after illness, admission to a residential home or hospital are also arranged with a view to enabling old people to resume an independent life in their own homes for a further period and to provide temporary relief to relatives for whom the anxiety and burden of caring for them may be becoming intolerable.

These and other services contribute to the *domiciliary team* whose purpose it is to maintain and support the elderly and handicapped in their own homes. This is sound policy, not merely on humanitarian but also on economic grounds but it may be frustrated if the services are not requested until a crisis has occurred and they are unable exercise their preventive functions.

It became apparent that a number of hospital doctors and general practitioners were unaware of the extent of the facilities available through the Health and Social Services Department and of how to obtain them. Two steps were taken to remedy this situation. The first was to distribute to all concerned 'application forms' so designed that in addition to social and medical details

in any given case, all the services available were listed and those required could be underlined. The second was to develop the work of the central information bureau in the Civic Centre, to which application forms were to be returned and which would also receive telephone enquiries, written requests for help, and calls made personally by members of the general public. These arrangements which were introduced after consultation with the Local Medical Committee have worked well during the year.

The 'information bureau' acts also as a co-ordinator of services within the department. For example, arrangements are made for meals on wheels and home help to be sent to an old person on alternate days.

In addition to requests for the services outlined, a number of application forms contained request for admission to residential care and similar requests were received from other sources. Problems associated with admission to residential care will therefore now be considered, together with the related problems of admission to hospital.

### **3. Problems Associated with Admission to Residential Care or Hospital.**

Throughout the year particular attention was given to a study of the needs of old people awaiting admission to residential homes. Hitherto an assessment of social needs only had been carried out upon them but in view of the limited number of vacancies it was decided to carry out a medical as well as a social assessment of every one on the waiting list. For this purpose an 'assessment form' was designed upon which certain social and medical information was to be recorded by health visitors and social workers and the medical details and examination were to be completed and recorded by the Senior Medical Officer.

Old people were visited by the Senior Medical Officer at home or in hospital with the consent or at the request of the general practitioner or hospital consultant concerned. With a knowledge of the medical condition and likely prognosis, in conjunction with the records provided by health visitors or social workers it was possible to decide who could be supported in their own homes (sometimes with the aid of special services, aids or adaptations) and for whom admission to a residential home or long-stay hospital bed would be preferable.

The wish to enter a residential home is related to the state of the elderly person's physical or mental health or to extreme loneliness. If health can be improved, the will to live independently often returns. In a number of instances, following an exchange of views with a general practitioner or hospital consultant, the opinion of the consultant physician in geriatrics was obtained and after a period of hospital treatment and rehabilitation in the geriatric unit patients were able to return to their own homes.

In the case of those for whom residential care seemed to be the correct decision (either as a direct admission or after a preliminary period of hospital care and rehabilitation) three further questions had to be decided. Firstly, it was necessary to decide how urgent was the need for residential care. A picture of the urgency on medical or social grounds was obtained from general practitioners, district nurses, health visitors, social welfare officers, relatives, friends or neighbours in addition to the assessment carried out by the Senior Medical Officer. Secondly, it was necessary to match the needs of the individual to the facilities of a particular home (*e.g.* whether stairs could be managed or night staff would be required). Thirdly, it was considered desirable to ensure that those admitted to residential homes would share interest in common with the other residents.

Once a start had been made on the medical assessments of those on the waiting list for residential care it was decided to commence medical assessments of those already living in residential homes. In the course of time, some residents slowly deteriorate physically and mentally and medical assessment is then needed to decide if transfer to hospital has become necessary. The move to hospital may not be permanent however. Some patients benefited by a period of hospital care to such an extent that they were able to return to residential care. Occasionally some can return to their own homes. It is important that an elderly person's home is not sold or given up until there is reasonable certainty that change to residential or hospital care is permanent.

Uprooting of the elderly is not always in their best interests, but it is always desirable to try to secure the environment best suited to their needs. For example, someone admitted to mental hospital in the confused mental state so often associated with

physical illness in the elderly, may not be able to return home after recovery but may settle happily into a residential home. Likewise, those in residential care whose mental powers are failing to an extent which disrupts the atmosphere and disturbs the other residents may be improved by skilled treatment in a mental hospital. Or again, a permanently bedfast physically incapacitated old person in a residential home may be better suited to the long stay annexe of a geriatric unit; and those admitted initially to a geriatric unit with an acute physical illness may subsequently recover sufficiently to live happily in a residential home.

A rigid decision, with the air of finality about it, that seems to commit an old person irrevocably to one form of care or another is not always logical or kind. If the frail elderly are to enjoy the benefits of the modern geriatric approach, flexibility is needed in the management of their problems.

#### **4. The elderly person in hospital ; the Geriatric Unit.**

Many hospital consultants are involved in the care of the elderly, but especially general physicians, psychiatrists and orthopaedic surgeons. The care of the elderly in hospital presents particular difficulties in relation to priorities where there is pressure on beds, in decisions about treatment in relation to the patients' age and the heavy demands made on the nursing staff, and about arrangements for discharge from hospital and after care.

Occasionally old people are discharged from hospital prematurely, without sufficient rehabilitation, to homes where they cannot be adequately supported. As deterioration supervenes the benefits of previous costly treatment may be nullified and re-admission to hospital becomes inevitable. In some instances, long-stay rehabilitation problems would benefit by referral to the Geriatric Unit and it is important to begin to think about the patients' after care on the day of admission to hospital rather than on the day of discharge. It is always difficult for the necessary community services to be mobilised at less than twenty-four hours notice and preferable to plan the management of after care step by step before the patient's discharge from hospital.

The Senior Medical Officer has collaborated with hospital medical social workers in the medical assessment of patients in relation to after care, sometimes advising referral to the geriatric

unit and sometimes arranging for direct admission from hospital to residential home.

Throughout the year the Geriatric Unit at Newcastle General Hospital was visited at least once per week. At the weekly socio-medical ward-round held jointly with the consultant physician in geriatrics and medical social worker, the senior medical officer has provided background information relevant to the management of the patient's illness and after care, and the same socio-medical 'assessment form' is used for hospital purposes as for community and residential care.

The Senior Medical Officer has been allotted a small number of beds in the Unit into which patients from residential homes can be admitted for investigation and treatment without the loss of a place in the residential home.

Discussions and case-conferences are frequently held about problems of a medical nature affecting the elderly throughout the City and the close working relationships established in this way between the Geriatric Unit and the Health and Social Services Department have improved the continuity of medical and social care between hospital, community services and residential homes.

This, in its turn, has led to quicker admission and discharge of patients in the geriatric unit with the consequent freeing of beds for the treatment of old people who are acutely ill. With modern methods of treatment more patients are able to return to their own homes and this makes increasing demands on the services provided for community care and renders it essential to expand and develop them.

## **5. Developments in voluntary services.**

The statutory services are often fully extended and sometimes, in fact, unable fully to meet the demands made upon them. It seems logical to look to voluntary agencies within which there is a considerable volume of goodwill and understanding of the needs of the elderly in the community. The Senior Medical Officer has held discussions with many of the voluntary agencies concerned and in particular, enquiries are taking place under the auspices of the Newcastle Council of Social Services to examine the possibility of setting up a voluntary 'Council for the care of the Elderly' in the lines laid down by the National Old People's



Welfare Council. Such a development will enhance the value of voluntary services for the elderly in Newcastle and would merit support from all the statutory bodies working in the same field. In particular, improved organisation and development of voluntary services should lead to alleviation of problems of loneliness by an increase in voluntary visiting and to augmentation of the home help service when it is understaffed.

In conjunction with the British Red Cross Society a voluntary mobile physiotherapy service has been started for the early treatment of cases of 'stroke' in their own homes. The service was not launched fully during 1964 but funds collected by the Newcastle University Students' Rag Appeal in the autumn are understood to be sufficient to make the service operational during 1965. The co-operation of the Red Cross has also been obtained in providing special personal aids for the elderly and handicapped and in initiating a scheme for diversional therapy in residential homes.

The Newcastle Branch of the Abbeyfield Society has invited the Senior Medical Officer to serve on its executive committee. This society purchases houses and converts them into bed-sitting rooms for active but lonely old people. A housekeeper is available to cook two main meals a day and the houses have a communal dining room and lounge. Assistance has been requested in assessing applicants to the three Abbeyfield houses in the area.

## **6. Other items of interest, acknowledgments, etc.**

The Senior Medical Officer has taken part in teaching programmes among medical students, district nurses and social workers and has given talks about the care of the elderly to some voluntary societies.

Thanks are also due to Dr. M. R. P. Hall, Consultant Physician in Geriatrics, who has been available throughout the year for consultation about a wide variety of problems and to Professor M. Roth for his helpful advice about questions of mental health in the elderly as they relate to wider problems of geriatrics.

## Assessment of Elderly and Handicapped Persons

by Senior Medical Officer (Geriatrics).

In City Hospitals	...	...	...	...	53
In their own Homes	...	...	...	...	487
In Residential Homes	...	...	...	...	86
In Voluntary and Private Homes	...	...	...	...	2
In respect of adaptations	...	...	...	...	5
					633

## Waiting List for Admission to Residential Homes (Dec. 1964).

	M.	F.	TOTAL
In own Homes (willing to be admitted)	13	20	33
In own Homes (not yet convinced)	9	22	31
In the Geriatric Unit, Newcastle General Hospital	13	34	47
In St. Nicholas Hospital	1	4	5
In Voluntary and Private Homes	—	3	3
	36	83	119
Require urgent admission from their own homes	2	3	5

## RESIDENTIAL CARE.

(*Mr. H. Craig.*)

This section of the Health and Social Services for the City continues to expand to meet the pressing need for residential care. The lengthy waiting list with its high proportion of elderly and handicapped from hospitals whose medical needs do not warrant their continued stay there but who have no homes or relatives to be discharged to can only be met by the purpose-built home with improved facilities. The increasing years and frailty of the residents make it an essential for introduction of improvements, lifts, etc., wherever possible in the homes that have been operating for some time. I have therefore pleasure in reporting the opening of James Clydesdale House, a purpose-built Home to accommodate 40. This was opened by Alderman Mrs. C. C. Scott and named after a former Sheriff and Lord Mayor of this City (Alderman James Clydesdale). The site was a joint development by Housing and Health and Social Services and incorporated 15 one bedroom flatlets for elderly and handicapped, the five on ground floor being equipped with call bell system to the Home. These tenants are invited to take their lunch and tea in the Home and a daily average of eight avail themselves of this service. As an experiment, a shower

was provided in the Home which has proved very successful by the steady increase in those showing preference for it, 16 of the present residents being now regular users. After the official opening the public were invited to inspect and during the following two days, over 2,000 visitors were shown over the premises. A lift was installed in Orchard House this year and being fully automatic it is a tremendous help to the staff and residents whose ages range from 54 to 100, average being 81.

The 19th October 1964, saw the end of the Workhouse era in Newcastle upon Tyne after 124 years' occupation of former Poor Law Accommodation. To make this possible, the Council have acquired or built, 11 small residential homes since 1948 and the last 24 residents were on this day transferred from Elswick Grange to their new quarters at Elswick Dene.

During 1964 214 persons were admitted to Residential Care, 41 were emergencies and subsequently returned to their own home, 96 were admitted from hospital.

The oldest resident is over 100 years and there are also 24 over the age of 90, 48 are under the age of 65 years, the average age being 77.3.

There were 51 deaths and 84 residents were admitted to hospital.

The number of elderly and handicapped persons in residential accommodation at the 31st December 1964, was:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>*</i>
Residential Homes .....	163	235	398	(362)
Church Army Home .....	9	—	9	(12)
Free Church Federal Council Eventide Home .....	—	10	10	(7)
Provided outside the City for Newcastle City Residents by other Local Authorities .....	2	7	9	(7)
Various Homes run by Voluntary Organisations .....	10	16	26	(19)
	<hr/>	<hr/>	<hr/>	<hr/>
	184	268	452	(407)
	<hr/>	<hr/>	<hr/>	<hr/>

\*1963 figures in brackets.

The seven voluntary and privately run homes in the City registered with the Local Authority continue to provide a total of 296 places and maintain the standard of accommodation and service required by the Committee.

During the year the Church Army Home for aged men removed from Elswick Dene to Ryton, the effective date being the 19th October, and their home is now no longer within the jurisdiction of this Authority.

### **St. Abb's Holiday Home.**

This Home continues to be very popular and 409 persons enjoyed a break there during 1964.

### **Temporary Accommodation for Persons as a Result of Storm Damage, Fire and Flood.**

Three incidents occurred where other accommodation was necessary, these however were assisted without recourse to residential care.

### **Accommodation for Persons Evicted for Various Reasons.**

The result of this scheme operated by the Evictions Committee with joint representation is best appreciated by the returns shown in the report on page 105.

### **Protection of Property.**

The services of this department were called upon during 1964 on 15 occasions and in addition, for 38 cases following admission to residential care. There were a further 15 cases where assistance was given to relatives.

### **Burials.**

Thirty-one burials were arranged in accordance with the provisions of the National Assistance Act and a further 22 were arranged for relatives of persons dying in residential homes. A further 36 cases were dealt with where assistance and advice was given to relatives.

### **Meals on Wheels and Luncheon Clubs.**

This service has continued to expand and fulfills a great need within the City. By producing the meals in the residential homes administered by the Committee the high standard of meals is maintained and appreciated by the recipients.

The production and delivery to the community of 57,624 meals during this year is an important help to maintain its well being. Congratulations are extended to the Homes Staff for maintaining an adequate and varied fare.

During the year 49,547 meals were delivered to elderly and handicapped housebound persons, a further 5,978 meals were delivered to the various luncheon clubs administered by voluntary bodies and, during the school holidays, the W.V.S. were provided with 2,099 meals in order to maintain their supply.

The meals service to elderly and housebound persons covered 323 individuals at the end of the year, the makeup of the service being:—

<i>No. of meals per week</i>	Total
1 .....	17
2 .....	109
3 .....	115
4 .....	38
5 .....	21
6 .....	9
7 .....	14
	323

There is no doubt of the excellence of the 15 luncheon clubs now operating in the City and sincere congratulations are due to the Voluntary Organisations who so efficiently set up and operate these clubs. The work of the Chief Ambulance Officer, his drivers and the Meals on Wheels assistants who in all weathers maintain this service is sincerely appreciated.

## COMMUNITY CARE.

*(Miss O. S. Holliday).*

As the concept of Community Care becomes more clearly understood many more problems are coming within the scope of the Social Work Sections of the Health and Social Services Department.

In order to be able to furnish an adequate and skilled service to the Community it has been necessary to take a closer look at the numbers and training of Social Workers. To this end a generic in-service training programme for the younger recruits has been introduced including seminars, conferences and in some instances individual tutorials. Consultation is available for those not taking

part in this programme. Due to the national shortage of Social Workers it has been necessary to think ahead, therefore, all those members of staff not deemed to be qualified by experience are being seconded to professional Social Work Courses over a five-year period, thus ensuring that the Department will have a variety of skills to offer.

A Student Unit has been set up for eight students from University and 'Younghusband' Courses in the City and it is hoped that when sufficient Senior Social Workers are available to act as Supervisors, this number will be increased.

## **SOCIAL WORKERS' SECTION.**

*(Miss D. Haythornthwaite).*

Thirteen social welfare officers, home teachers and welfare assistants form the field staff in this Section which provides a domiciliary visiting, teaching and casework service for the aged, infirm, blind, deaf and physically handicapped.

### **1. Services for the Elderly.**

#### **In the Department.**

The social welfare officers made 4,989 visits to elderly persons living in their own homes to assess their need for residential accommodation, holidays, meals on wheels and to advise and assist in the many and varied problems which beset our ageing population.

On the 31st December, 1964, 67 elderly and infirm persons living in their own homes were awaiting admission to residential homes. There were also 52 elderly people in hospital who were fit to be discharged to residential care. A large number of elderly persons continued to live in their own homes with the skilled help of the health visitor and home nurse along with the assistance of the home help and the bath orderly, etc.

#### **Voluntary Organisations.**

##### *The Women's Voluntary Service.*

This organisation continues to operate a meals on wheels service four days per week in the Fawdon, Blakelaw, and Kenton areas. They run seventeen clubs for the elderly and five luncheon clubs. In 1964 they arranged for one hundred and eighty of their club members to have holidays in various parts of the country.

All applicants for a holiday at Leech's Holiday Homes were interviewed by the W.V.S. They also provided an escort service for the parties travelling to and from the Homes.

An escort service is available for elderly persons attending hospital, etc. Over one hundred persons were assisted during 1964. A chiropody service at the Blakelaw Centre treated 550 elderly persons.

Eight elderly ladies are housed in one or two roomed flatlets in the W.V.S. house at Greenfield Place.

*The Newcastle Council of Social Service Old People's Welfare Committee.*

Seventeen old people's clubs and three luncheon clubs are affiliated to the Committee. Their chiropody service and voluntary visiting service continues to flourish. During 1964 this Committee distributed 604 Christmas parcels, 50 bags of coal and 14 blankets to needy elderly persons living in their own homes.

*The International Voluntary Students Organisation and the United Nations Youth Group* continue to paint and decorate the homes of elderly folk in the City. *Newcastle University Methodist Youth Group* distributed over 300 bags of coal to elderly people nominated by the Community Care Section.

A voluntary physiotherapist has been working through the *British Red Cross Society* since May. She has visited 47 people in their own homes and 7 in residential homes and given 159 treatments. Most of her elderly patients had had strokes, and a few were crippled with arthritis.

## **2. Services for the Blind, Deaf Blind and Partially Sighted.**

There are five home teachers and one trainee home teacher in the Section, who during 1964, provided a comprehensive domiciliary service to the blind, deaf blind and partially sighted and in addition staffed the Princess Street Social and Occupational Centre.

The number of persons requiring the services of a home teacher, the high degree of attention required for the follow-up work essential to the well being of the blind and partially sighted, and the necessity to spend a considerable amount of time in effecting full rehabilitation has placed a heavy burden upon the home teaching

staff. As the majority of newly registered blind persons are elderly they are unable to take advantage of the residential social rehabilitation courses which are available in Torquay and Ceres Scotland. This means that the home teachers had to pay an increasing amount of attention to these individuals in their own homes. Needs of the deaf blind also present a case for ever increasing attention to their welfare. It is beyond the imagination of most of us to understand the problems of the deaf blind and it is not only necessary to provide the highest level of services for this group of handicapped persons but also to provide the necessary support, encouragement and understanding to members of a family who have to care for these handicapped members of the community.

In May, 1964, two home teachers accompanied a party of seventeen deaf blind on a holiday arranged by the North Regional Association for the Blind who had specifically planned this holiday, excursions, etc., to meet the needs of the deaf blind. This was held at the Monarch Hotel in Bridlington.

The home teachers made 3,730 home visits to blind, deaf blind and partially sighted persons and their families.

Lessons given by the home teachers were as follows:—

	<i>At Home</i>	<i>At Centres</i>	<i>Evening Classes</i>
Braille .....	75	95	—
Moon .....	26	—	—
Typing .....	19	—	102
Handicrafts .....	20	1507	832

The number registered blind at 31st December, 1964, was 626 (an increase of two in comparison with last year's figure of 624).

The various age groups are appended below:—

<i>Age Group</i>	1963	1964
0 - 4 .....	1	—
5 - 15 .....	6	7
16 - 20 .....	4	3
21 - 49 .....	101	94
50 - 64 .....	156	148
65 + .....	356	374
Total .....	624	626

### **New Registrations, Blind Persons.**

The total number of new cases registered during the year was 50, an increase of two on last year's figure of 48:—



The figures tabled below show that the predominant portion of new registrations are over 65.

<i>Age Group</i>	1963	1964
0 - 4 .....	—	—
5 - 15 .....	1	1
16 - 20 .....	—	—
21 - 49 .....	3	5
50 - 64 .....	7	10
65 + .....	37	36

Number of registered partially sighted at 31st December, 1964, 141 (an increase of ten in comparison with last year's figure of 131).

The various age groups are appended below:—

<i>Age Group</i>	1963	1964
0 - 4 .....	—	—
5 - 15 .....	12	14
16 - 20 .....	12	12
21 - 49 .....	38	41
50 - 64 .....	24	20
65 + .....	45	54
Total .....	131	141

### **New Registrations, Partially Sighted.**

The total number of new cases registered during the year was 17, an increase of six on last year's figure.

<i>Age Group</i>	1963	1964
0 - 4 .....	—	—
5 - 15 .....	1	3
16 - 20 .....	—	—
21 - 49 .....	—	1
50 - 64 .....	4	2
65 + .....	6	11

### **Education, Employment, Social and Industrial Rehabilitaton.**

Two Newcastle blind girls are at present attending Chorley Wood College, the Royal National Institute for the Blind Public School for blind girls.

At the 31st December, 1964, 84 blind and deaf blind persons were employed in:—

	1963	1964
Sheltered Workshops .....	59	53
Home workers schemes .....	3	4
Open Employment .....	31	27

The occupations of blind and deaf blind persons were as follows:—

<i>Occupation</i>	1963	1964
Basket Makers .....	19	18
Brush Makers .....	12	11
Mat Makers .....	6	6
Bedding and Upholsterers .....	15	14
Chair Seaters .....	3	2
Firewood Workers .....	2	—
Braille Copyists.....	2	2
Piano Tuners .....	2	2
Music Teachers .....	1	2
Teachers .....	1	1
Social Welfare Officers .....	1	1
Proprietors and Executive—Commerce .....	1	2
Shorthand Typists .....	3	4
Clerical .....	1	1
Telephonists .....	9	6
Sales Representatives .....	1	—
Fitters and Assemblers .....	2	1
Packers .....	2	1
Carpenters .....	1	—
Labourers .....	5	5
Domestics .....	1	2
Warehousemen .....	1	—
Miscellaneous .....	2	2
Clergymen .....	—	1

### **Residential Accommodation.**

The total number of registered blind persons in homes or hospitals was 63, an increase of four over last year's figure of 59, as detailed below:—

<i>Type of Accommodation.</i>	1963	1964
(a) Residential Accommodation (National Assistance Act 1948, Sec. 21)—		
(i) Homes for the Blind .....	3	3
(ii) Other Homes.....	31	25
(b) Homes (National Health Service Act 1946, Sec. 28).....	—	—
(c) Residential Homes other than (a) or (b) ...	2	12
(d) Hospitals for Mentally Ill .....	19	17
(e) Hospitals for Mentally Sub-Normal .....	—	—
(f) Other Hospitals .....	4	6
(g) Total .....	59	63

### **Social and Industrial Rehabilitation Courses.**

Two blind and one deaf blind man attended the Royal National Institute for the Blind Rehabilitation Course at America Lodge, Torquay.

### **North Regional Association for the Blind.**

The Health and Social Service Committee representatives have attended all the meetings of the General Council. The Home

Teachers one day conference and a week-end school were attended by five of the home teaching staff. Another member of the staff attended the North Regional Home Teachers Training Course at the end of which he entered for the College of Teachers Home Teachers' Certificate and was successful.

### **Voluntary Organisations.**

*Newcastle and Gateshead Voluntary Society for the Blind* provided social activities at the Sutherland Hall. They issued white sticks, made grants towards holidays, bedding for bedridden blind persons and assisted with removal expenses. The Society operated a Chiropody Service and acted as agent in distributing wireless sets on behalf of the British Wireless Fund for the Blind. They undertook part payment for any Talking Books issued by the Nuffield Talking Book Library for the Blind which was well used in spite of the increased cost (the yearly rental has recently been increased to £3 per year which means that each blind person has at least a minimum of 20/- per year to provide themselves).

### **National Library for the Blind.**

The Library Service is very popular and provides a regular source of literature in Braille and Moon type.

## **3. Services for the Deaf and Hard of Hearing.**

### **Registration.**

(a) Number on the Deaf Persons' Register at 31st December, 1964, was as follows:—

Deaf without Speech	
Aged under 16 .....	5
Aged 16 – 64 .....	149
Aged 65 and over .....	21
Deaf with Speech	
Aged under 16 .....	5
Aged 16 – 64 .....	32
Aged 65 and over .....	6

(b) Number on the Register of the Hard of Hearing:—

Aged under 16 .....	12
Aged 16 – 64 .....	29
Aged 65 and over .....	39

This total of 298 is a decrease of eight over last year's number of 306 deaf and hard of hearing persons.

There were 136 registered deaf persons in employment at 31st December and their various occupations were as set out below:—

Bakers .....	5
Brewery Workers .....	2
Brush Makers .....	1
Bedding (Upholsterers and Mattress Makers) .....	3
Car and Garage Workers .....	6
Clerical Workers and Machine operators.....	4
Cleaners and Domestics .....	8
Carpenters, Cabinet Makers and Joiners, etc. ....	8
Carpenters, Cabinet Makers, Joiners—apprentices.....	4
Dressmaking, etc. ....	4
Engineers .....	1
Electrician's Apprentices .....	2
French Polishers .....	6
Factory Workers .....	11
Gardeners .....	4
Glass Workers .....	2
Labourers .....	14
Lino Cutter .....	1
Optical Mechanic .....	1
Packers .....	11
Painters .....	2
Printing Trade .....	1
Shoe Repairers .....	10
Slaughterman .....	1
Tailoring Trade.....	21
Warehousemen, etc. ....	3
Total .....	136

The Welfare Officer for the Deaf made 1,698 visits to the homes of deaf persons, or on their behalf to Government Departments and Hospitals. He visited 64 prospective employers. He is on call to interpret for deaf persons in Hospitals, Courts, Tribunals and Solicitor's Offices when essential and personal affairs are discussed.

Visits are also made to those issued with hearing aids:—

No. of cases notified by Ear, Nose and Throat Consultant, Newcastle General Hospital .....	179
No. of cases visited .....	138

### **Voluntary Organisation.**

Facilities for the deaf such as clubs and social functions are provided by three organisations for the deaf and dumb and one for the hard of hearing. These organisations attend to the spiritual care of the deaf, and provide special church services.

#### 4. Services for Handicapped Persons (General Classes).

The number of registered handicapped persons has increased by 179 during the year and at the 31st December, 1964, was as follows:—

Amputations .....	57
Arthritis and Rheumatism .....	73
Congenital Malformations and Deformities .....	48
Diseases of the Digestive and Genito-Urinary Systems, Heart, Circulatory System, etc. ....	132
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis or Trunk, Limbs, Spine, etc. ....	53
Organic, Nervous Diseases, Disseminated Sclerosis, Poliomyelitis, etc. ....	209
Neuroses, Psychosis, etc. ....	18
Tuberculosis (non-respiratory) .....	6
Tuberculosis (respiratory) .....	15
Diseases and Injuries not specified above, (Asthma, Diabetes, etc.) .....	23
	<hr/>
	634
	<hr/>

#### Domiciliary Services and Casework.

This service is carried out by the social welfare officers who paid 655 domiciliary visits during 1964. 107 aids or adaptations were provided for 82 persons. The range and type of aids provided were:—

Alterations to premises for Ministry Vehicles ...	10
Bath Seats .....	2
Bath Support Rails .....	19
Elbow Taps .....	1
Gas Cooker Safety Measures .....	1
Handrails—Inside.....	10
Handrails—Outside .....	30
Handyspring Poles .....	2
Ramps .....	18
Specially constructed chairs .....	1
Toilet Seats—Raised .....	1
Toilet Support Rails .....	6
Visible Indicator .....	1
Miscellaneous .....	5
	<hr/>
	107
	<hr/>

#### Car Badges for Severely Disabled Drivers.

One hundred and thirty five of these badges have been issued to severely disabled drivers who reside in the City and each application is considered by the Senior Medical Officer, Community Care Section.

These badges are for the purpose of identification only and confer no legal rights or privileges. The display of these badges,

however, enables ready identification, both by the police and other road users and since the installation of parking meters in the City holders of these badges issued by the section and by other local authorities have been granted free parking facilities at the official parking meter bays.

According to the City's Parking Meter Department on an average week day there are 55 severely disabled drivers using the free parking facilities in the City.

## **5. Occupational Centre, Princess Street.**

The centre is open from 10-0 a.m. to 4-30 p.m. and 6-30 to 9-30 p.m. Monday to Friday with an average weekly attendance of 354 handicapped persons.

Tuition is given in pulp cane basketry, seagrass, rush and cane chair seating and repairing, light woodwork, hand knitting, pottery painting, machine sewing, hand embroidery, fabric painting, toy making, all types of rug making, upholstery and leatherwork. The sale of handicrafts at the Centre and Summer Flower Show Exhibition realised £584.

Evening classes for handicapped persons sponsored by the Education Department were held at the Social and Occupational Centre as follows :—

Monday—Woodwork Class.

Tuesday—Keep Fit Class; Dancing Class.

Wednesday—Upholstery.

Thursday—Two Typing Classes.

Friday—Social Education and a Typing Class for deaf blind.

Mixed Handicraft Class.

A voluntary worker, a qualified school teacher, also attended in evenings when necessary to assist with general educational subjects for any handicapped person who, due to their disability, had not had the benefit of a formal education. The Wednesday afternoon discussion group under the leadership of Mr. Nendrick was very popular and the provision of a talking book greatly stimulated interest in literature. The City Library provided a mobile library service and a visiting hairdressing service was also available. The Centre members held their annual summer outing to Seaburn. A number of cinema and theatre parties were also arranged. The usual two Christmas parties were held at the Centre.

The Occupational Centre Voluntary Committee under the chairmanship of Ald. Mrs. M. S. Murray met at monthly intervals. The Centre is indebted to a number of voluntary workers who assist with the making of tea, provide ambulance escorts and especially to the group who act as helpers and interpreters at the deaf blind sessions.

## MEDICAL SOCIAL WORK SECTION.

(Miss M. D. Clifford).

The Medical Social Work Section employs four Social Caseworkers and a Welfare Assistant, giving a specialised service to help clients resolve their domestic and emotional problems. During the past year, as the Social Work Policy of the Department has changed there has been less emphasis on the material and financial side and rather more on the assessment and assistance with the deeper implications of stress. This is a longer process but is a very necessary function in the prevention of breakdown.

During 1964, 2,762 applications for assistance were received. there were 3,362 interviews and enquiries and 1,000 home visits were made. Below is a table of source of referral for 1964 :—

General Practitioners .....	330
Health and Social Services Department Sections .....	901
Other Corporation Departments .....	599
Other Statutory Bodies .....	55
Voluntary Agencies .....	115
Relatives, Personal Applications, etc. ....	664
Others.....	98
	2,762

### Assistance Requested.

The type of assistance requested by clients themselves fell into the following main categories: convalescence, accommodation and personal problems. Those problems which came under the heading of care of the elderly, domestic help, meals on wheels, admission to hospital or residential care, were referred to the appropriate Section of the Department.

In the past year 58 unmarried mothers were maintained by the Local Authority and in addition a further number received advice and help from the Caseworkers.

Arrangements for convalescence were made for 420 patients, but 15 cancelled their vacancies and 65 were admitted to free homes.

Details are given below of the diagnosis of the patients whose convalescence was arranged by the Department:—

Respiratory Diseases .....	76	Diabetes .....	2
General Debility .....	39	Cancer .....	16
Post Operative Debility .....	7	Diseases of Circulatory System .....	13
Malnutrition .....	1	Diseases of Bones and Organs of Movement .....	25
Injuries .....	9	Diseases of Digestive System .....	8
Disseminated Sclerosis .....	2	Gynaecological Disorders .....	8
Cardiac conditions .....	28	Cerebral Disorders .....	9
Depression .....	18	Disorders of Urinary System .....	9
Psychoneurotic disorders .....	8	Tuberculosis.....	3
Nervous Debility.....	19	Ear disorders .....	2
Anaemia .....	8	Childrens' convalescence whilst mother also convalescing.....	33
Senility and Arterio Sclerosis .....	21	Virus infections .....	2
Hemiplegia .....	7	Exhaustion .....	2
Parkinsons' Disease .....	8	Others .....	8
Amputations .....	5		
Social problems .....	9		

The liaison between Medical Social Work Section and the Housing Department continued to the advantage of both Services. Families threatened with eviction as accommodation in the City became more scarce, were our mutual concern and in addition we assisted families referred by the Housing Department as requiring intensive or supportive help.

A worker from the Medical Social Work Section has continued to attend the West End Chest Clinic on a sessional basis and by arrangement also visited the Chest Wards at two of the City's hospitals to relieve the material and emotional needs of patients and their families where tuberculosis or chronic chest diseases were present. Patients from the East End Chest Clinic with severe social problems were referred directly to the Medical Social Work Section.

### CHIROPODY.

In the past year the Local Authority Chiropody Service for pensioners and handicapped persons has increased from eight to ten sessions weekly plus a domiciliary service given by two part-time chiropodists. 1,010 persons received 3,512 treatments under the scheme during 1964.



## CLINICS.

<i>Area of City Served</i>	<i>Service Administered by</i>	<i>Place of Clinic—day—number of Sessions</i>
Walker, Walkergate, St. Anthony's	Health and Social Services Department.	Scrogg Road. Friday— all day.
Byker, St. Nicholas, Sandyford, Shieldfield, Heaton	Health and Social Services Department	Shields Road Clinic— Tuesday afternoon and evening. Thursday evening.
Jesmond	Health and Social Services Department	Eskbank, Clayton Road. Tuesday afternoon.
Wharncliffe Street area	Health and Social Services Department	Wharncliffe Street Clinic. Thursday afternoons.
Benwell, Stephenson, Armstrong, Scotswood	Health and Social Services Department	Atkinson Road Clinic. Monday evenings.
Kenton, Fawdon	Health and Social Services Department	Kenton Clinic, Hillview Avenue. Wednesday— all day.
Blakelaw	Women's Voluntary Service	Blakelaw Clinic, Springfield Road. Monday— all day.
Elswick, Arthurs Hill, Fenham	British Red Cross Society	Croft House, Western Avenue. Monday— all day.
Members of Over Sixty Clubs in City	Council of Social Services	Surgery in Heaton Road. Special appointments.

British Red Cross Society carried out 610 treatments.  
 Women's Voluntary Service carried out 850 treatments.  
 Council of Social Service carried out 1,200 treatments.  
 Totalling in all 2,660.

**HOME HELP SERVICE.**

The Home Help Service cannot accept full responsibility for all the domestic work in the home but helps with the more difficult tasks, when a person becomes ill or too elderly to carry out ordinary household work.

Care of the elderly continues to grow and it is the major part of the work of the Home Help Service.

It is becoming increasingly more difficult to recruit suitable Home Helps for the Service. This is not only a local problem, similar difficulties are being experienced in other parts of the country.

During 1964 2,995 cases were assisted. From the following analysis of these cases it will be seen that the largest increase in the number of applications for Home Help came from the elderly.

	1964	1963	1962
Maternity .....	91	91	130
Short Term illness .....	54	25	58
Long Term illness (under 65 years) .....	367	407	379
Aged 65 years and over .....	2,426	2,321	2,310
Child Care .....	25	31	51
Cancer .....	21	22	22
Tuberculosis .....	11	17	29
	<hr/>	<hr/>	<hr/>
	2,995	2,914	2,979
	<hr/>	<hr/>	<hr/>

During the year, 114 Home Helps resigned, mainly because of ill health or for domestic reasons. The number of Home Helps engaged was 98, all of these were part-time, working varying hours, between 20 and 30.

The Visiting Staff carried out 14,966 visits, and 18 "dirty" cases received help.

### **Home Helps for widowers with families.**

Over the years, widowers with children, both at school and under school age have received help. In the former cases, help has been given to get the children off to school, and again at tea time, but to get Home Helps to cover such cases is difficult. In the latter case, often, if there is not a day nursery near, or relatives to help, full-time help is necessary.

In all these types of cases the widower is encouraged to make his own private arrangements. During the year, three cases have been helped. The details reveal some of the problems met amongst this group when assisting the family to keep together.

#### **Case 1.**

Mr. A, in poor health—has two children, boy aged 15 and girl 11 years. Help given 3 hours, 3 times weekly. Relatives help with meals at the weekends.

#### **Case 2.**

Mr. B—Eight children, ages ranging from 5 to 16 years. Help provided 4 hours per week for the washing. Mr. B is unemployed, he is quite able to cope with the rest of the household matters.

#### **Case 3.**

Mr. C—Five children, 4 boys at school, 1 girl in day nursery. One hour's help provided to get the children off to school, then

Home Help goes back for two hours at tea time. Father goes out 6-45 a.m. Neighbours help a little.

This is just another facet in the comprehensive nature of a Home Help Service.

## MEDICAL REHOUSING.

I am grateful to the Director of Housing for the following information :

During 1964—

Cases considered .....	1,974
Granted priority .....	175
Recommended for transfer .....	128

These figures reveal a steady rise of 20% compared with 1963 and indicate the grave shortage of houses suitable for families with a wide variety of handicaps.

## EVICCTIONS

Follow up by Medical Social Workers	Where Tenancy was saved	Tenant found own accommo- tion	Family Rehoused	
			Housing Dept.	Health & Social Ser- vices
Results .....	203	285	213	26
Intensive follow-up .....	2	11	8	8
One or two visits.....	17	27	8	4
No follow up .....	180	233	185	14
Known to other Social Agencies .....	2	3	11	—
Left district .....	2	11	1	—

It will be noted that during 1964 the numbers of people under threat of eviction increased enormously. A portion of these were followed up on a selective basis according to need, as many, once the initial crisis was over, were capable of managing their own affairs without help. In addition, where another Social Agency was involved they carried the responsibility for giving the follow up service as required.



**PREVALENCE, PREVENTION AND CONTROL.**

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**IV—INFECTIOUS DISEASE**

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**FEVERS, FOOD POISONING, etc.**



# THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

*(Dr. J. T. Jones).*

No cases of the more important infectious diseases were reported, but procedures for dealing with outbreaks were ready in case of any sudden attack.

The total number of notifications received during the year was some 3,000 below the 1963 total, the difference being almost entirely due to the fall in the number of measles cases notified.

Details of the notifications received together with accounts of outbreaks of food poisoning are given below.

## **Food Poisoning.**

During the year there were two large outbreaks of food poisoning. 1. An outbreak of food poisoning occurred in a large restaurant on the 15th January, 1964, involving 600 people who had eaten a meal consisting of grapefruit cocktail, minestrone soup, chicken and rice, peach melba at 8-15 p.m. These people were struck with a sudden onset of abdomen pain, nausea, some vomiting and severe diarrhoea between 4-5 a.m. the following morning.

The vehicle of infection was subsequently found to be chicken which was heavily contaminated with *Cl. welchii*. No food handlers were found to be carrying the *Cl. welchii* and investigations showed that this incident occurred because of reheating. The chickens were boiled in large containers the day previously and allowed to cool in their own broth until approximately 11 o'clock the next morning. They were then portioned and allowed to stand on trays until approximately 5 p.m. then put on large flats with the necessary garnishes, etc., and put in an oven to warm until required.

This outbreak illustrates (a) the recognised danger of reheating (b) the absolute necessity of refrigerating any pre-cooked food

(c) the difficulty in maintaining constant supervision of these large catering establishments.

2. At 7 p.m. on the 9th May, 1964, the Ambulance Control notified the Medical Officer of Health that 10 people suffering from acute food poisoning had been taken to the General Hospital from a Training College at the request of a General Practitioner.

About 160 people had eaten lunch at the Grammar School which was part of the College at 12-30 — 1-00 p.m. About 4 p.m. one person collapsed with vomiting, sweating and abdominal pains; further cases followed within half an hour. The parties at risk had dispersed over the Northern Region from Darlington to Alnmouth. Over the next week it was evident that at least 19 people were ill following the meal, and nine were admitted to hospital, and of these four required saline drips; all were discharged within three days; no death was reported.

A coagulase positive staphylococcus Phage type 52/80/81/7/47/53/54/75/77/ was isolated from the meringue which was part of the lunch, from the bowls in which it had been mixed, from the nares and faeces of the cook who had mixed the meringue, from the faeces of four patients and from the vomit of two of these patients, and from the faeces of two other cooks. All the cooks had eaten meringue or handled plates on which it had stood.

Unrelated staphylococci were found in the faeces of one patient, in the faeces of a kitchen helper and in the nares of a further kitchen helper. (13 kitchen helpers were tested).

The kitchen and utensils were disinfected, which necessitated closure of the kitchen. A mixer which could not be dismantled had to be replaced. Pending results of specimens from all the staff the kitchen was closed for five days and the schoolgirls were requested to bring sandwich lunches. Fortunately school holidays then relieved the situation and six days later the kitchen opened at the termination of the holidays. All but three of the staff were allowed to return to work and two of these returned two days later.

Clearing the kitchen staff was a difficult operation. Intensive culture eventually showed one cook to be the source of infection. She was given several courses of treatment but six months later was still carrying the organism.



ADMISSIONS OF CITY CASES TO WALKERGATE HOSPITAL  
1964

Disease	Cases	Deaths	Disease	Cases	Deaths
Diphtheria .....	—	—	Alimentary Diseases .....	36	2
Dysentery .....	21	—	Blood Diseases .....	4	—
Enteric Fever .....	1	—	Cardiovascular Diseases ...	22	4
Erysipelas .....	1	—	Genito Urinary Diseases ...	10	1
Gastro Enteritis.....	55	—	Respiratory Diseases .....	87	2
Influenza.....	—	—	Sepsis and Skin Diseases .	25	—
Measles .....	6	—	Meningitis .....	10	3
E.C.S.M. ....	1	—	Nasopharyngeal Infections	3	—
Mumps .....	6	—	New Growths .....	7	2
Pertussis .....	16	1	Rheumatism.....	5	—
Pneumonia .....	27	1	Tonsilitis, etc. ....	21	—
Poliomyelitis .....	—	—	Tuberculosis—Pulmonary .	4	1
Puerperal Fever .....	1	—	N.A.D. ....	14	—
Rubella .....	—	—	Unclassified.....	42	2
Salmonella Infections .....	6	—			
Scarlet Fever .....	1	—			
Varicella .....	5	—			
Glandular Fever .....	12	—			
			TOTAL .....	449	19

TABLE A.  
 CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS  
 (EXCLUSIVE OF TUBERCULOSIS).  
 AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1964.

NOTIFIABLE DISEASE	AT AGES—YEARS												NET TOTAL						
	Under 1		1 and under 5		5 and under 15		15 and under 25		25 and under 45		45 and under 65		65 and up-wards		1964		1963		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	
Acute poliomyelitis including polio encephalitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Rheumatism (under 16 years) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria .....	8	..	44	..	9	..	11	..	..	..	..	..	..	104	..	..	64	..	..
Dysentery .....	..	..	28	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas .....	1	..	2	..	10	..	2	..	..	..	..	..	..	18	..	..	16	..	2
Food Poisoning .....	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute encephalitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria .....	79	..	694	..	7	..	..	..	..	..	..	..	..	1148	..	..	3977	..	1
Measles .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1
Meningococcal infections .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia neonatorum .....	2	15	2	1	2	..	10	..	..	..	..	..	..	45	199	..	64	..	161
Pneumonia .....	2	..	..	..	..	..	2	..	..	..	..	..	..	3	..	..	5	..	..
Puerperal pyrexia .....	..	..	103	..	1	..	2	..	..	..	..	..	..	180	..	..	475	..	..
Rubella .....	2	..	63	..	4	..	1	..	..	..	..	..	..	88	..	..	93	..	..
Scarlet fever .....	..	..	25	..	..	..	..	..	..	..	..	..	..	61	..	..	152	..	..
Whooping Cough .....	6	1	29	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals .....	100	16	865	1	34	..	28	..	..	21	27	13	155	1653	200	4858	165	..	..

TABLE B  
WARD DISTRIBUTION OF INFECTIOUS DISEASES (CITY CASES)

WARD	Pneumonia	Acute Rheumatism under 16 years	Diphtheria	Dysentery	Enteric Fever	Erysipelas	Food Poisoning	Acute Encephalitis	Malaria	Measles	Meningococcal Infections	Ophthalmia Neonatorum	Poliomyelitis	Puerperal Pyrexia	Rubella	Scarlet Fever	Tuberculosis (all forms)	Whooping Cough	Total 1964	Total 1963
St. Nicholas	1	...	...	1	...	...	...	...	...	14	...	...	...	...	...	...	8	...	24	88
Blakelaw	6	...	...	5	...	...	...	...	...	65	...	...	...	...	7	9	4	2	98	276
Kenton	6	2	...	...	...	...	...	...	...	79	...	1	...	31	5	5	11	1	137	656
Scotswood	6	...	...	7	...	...	...	...	...	33	...	...	...	...	7	7	7	3	70	271
Stephenson	2	...	...	7	...	...	1	...	...	78	...	...	...	...	8	3	13	14	126	270
Armstrong	...	...	...	3	...	...	...	...	...	120	...	...	...	...	7	7	13	8	158	292
Elswick	1	...	...	2	...	...	...	...	...	65	...	...	...	...	6	6	6	2	88	240
Westgate	3	...	...	6	...	...	...	...	...	65	...	...	...	1	4	2	7	1	89	156
Arthurs Hill	1	...	...	...	...	...	...	...	...	69	...	...	...	1	5	3	9	...	88	163
Benwell	1	...	...	4	...	...	9	...	...	151	...	...	...	...	11	9	11	12	208	276
Fenham	1	...	...	7	...	...	...	...	...	33	...	...	...	...	5	10	11	1	68	254
Sandyford	...	...	...	8	...	...	...	...	...	28	...	...	...	...	7	...	10	...	53	185
Jesmond	3	...	...	...	...	...	...	...	...	97	...	...	...	...	3	1	8	...	112	182
Dene	1	...	...	3	...	...	7	...	...	56	...	...	...	...	7	3	7	2	86	262
Heaton	3	...	...	8	...	...	1	...	...	31	...	...	...	...	12	3	7	3	68	310
Byker	...	...	...	12	...	...	...	...	...	25	...	1	...	...	16	3	10	3	71	251
St. Lawrence	2	...	...	9	...	...	...	...	...	25	...	...	...	...	21	9	7	5	78	245
St. Anthony's	1	...	...	16	...	...	...	...	...	32	...	...	...	...	8	3	7	1	68	162
Walker	2	...	...	6	...	...	...	...	...	50	...	...	...	...	10	2	7	...	77	335
Walkergate	5	...	...	...	...	...	...	...	...	32	...	...	...	...	5	3	3	3	51	131
Total 1964	45	2	...	104	...	1	18	...	...	1148	...	2	...	3	180	88	166	61	1818	...
Total 1963	64	3	...	64	...	5	16	1	1	3977	2	...	...	5	475	93	147	152	...	5005

## SPECIAL SKIN CLINIC.

(Dr. G. Hamilton Whalley)

Attendances at the Special Skin Clinic, Jubilee Road were 36% less than in 1963, and are made by appointment whenever possible. Some 76 members of 19 families attended, 68 in 17 families for scabies treatment, and eight in two families for pediculosis.

Of 188 persons treated in the year, 124 were males and 64 were females, and 132 were treated for scabies and 56 for pediculosis (50 males). There were four cases of double infestation with fleas. Second treatment was given to 14 persons for scabies and to three for pediculosis re-infestation.

The only clear seasonal incidence occurred with 27 cases of pediculosis in the first quarter. December showed the largest monthly total of 29 (28 scabies in six families).

### AGE DISTRIBUTION AND TYPE OF CASE.

Age	1959	1960	1961	1962	1963	1964				
						Total	Scabies	Pediculosis Head-Body-Pubis.		
0-1	3	—	—	6	16	3	3	—	—	—
1-4	27	4	2	18	45	16	16	—	—	—
5-14	26	5	—	17	50	34	31	3	—	—
15+	278	119	74	99	180	135	82	19	31	3*
Totals ...	334	128	76	140	291	188		*female cases.		

### REFERRALS FOR SCABIES AND PEDICULOSIS.

Source	Scabies	Pediculosis	Remarks
3 City Hospitals (80 persons) .....	74	6	34 in 9 families. 4 in 1 family.
9 Family Doctors (50 persons) ....	45	5	21 in 6 families. 4 in 1 family.
The Salvation Army .....	—	30	
Departmental Staff .....	13	7	13 in 2 families.
Other Local Authorities .....	—	5	
Self Referred .....	—	3	

## COMPARATIVE ANNUAL STATISTICS.

Year	Scabies	Pedi- culosis	Others	Total	Total Treat- ments	Average No. of Treatments per patient
1956	79	462	—	541	631	1·17
1957	113	466	—	579	689	1·19
1958	58	218	2	278	317	1·14
1959	109	226	—	335	384	1·14
1960	28	96	—	128	139	1·08
1961	37	38	1	76	81	1·07
1962	101	39	—	140	147	1·05
1963	190	101	—	291	318	1·10
1964	132	56	3	188	205	1·09

The good work done by the staff is once again recorded.

## VENEREAL DISEASE.

(DR. W. V. MACFARLANE).

### Statistics :—

New Registrations Total	Grand Total 1,421	Male 877 (62%)	Female 544 (38%)
Gonorrhoea .....	280 (20%)	196 (22%)	84 (16%)
Syphilis .....	35 (2%)	22 (3%)	13 (2%)
Non-gonococcal Urethritis .....	197 (14%)	197 (23%)	—
Trichomonas Vaginalis Infection	67 (5%)	—	67 (12%)
Non-venereal treated .....	277 (20%)	152 (17%)	125 (23%)
Non-venereal and not requiring treatment .....	437 (31%)	201 (23%)	236 (43%)
Desired reassurance and no in- fection found .....	128 (8%)	109 (12%)	19 (4%)

By comparison with the figures for 1963, those for 1964 show :—

- (a) An overall increase of 6% in new registrations (1963: 1,335).
- (b) A 10% increase in those found to have Gonorrhoea (1963: 255).
- (c) A 10% increase in those found to have Non-gonococcal Urethritis (1963: 179). About one third of those men suffering from Non-gonococcal Urethritis were married and of those 50% acquired their infection from their wives. Those men were not suffering from venereal disease since the latter term implies any infection following upon promiscuous sexual intercourse.
- (d) The numbers of those found to have Syphilis are too small to pass judgment.

One hundred and twenty-seven men desired reassurance that they were free from venereal infection and 109 (68%) were found to be so; likewise, out of 25 women desiring reassurance, 19 were found to be healthy.

Of 1,421 patients who came to the Venereology Department in 1964, only 398 (29%) were found to have venereal infection. This emphasises the important point that many conditions unrelated to venereal disease are treated in a department of Venereology and the time is long overdue when the archaic term "V.D. Clinic" should be abolished. By dispensing with this unsavoury title we

would obviate the injustice rendered to many innocent people whose morals are impeccable and who seek medical advice about their complaints in this department.

### **Teenagers.**

Ten per cent. of all new male registrations and 10% of all new male Gonococcal infections were teenagers — these figures have been stationary for the past few years.

The corresponding figures for females are much more sinister; 20% of all new registrations and 24% of all new gonococcal infections were teenagers.

Twelve per cent. of all teenagers were under the age of 15 years.

In this clinic the commonest infection in promiscuous teenagers is not Gonorrhoea but *Trichomonas Vaginalis* Infestation.

Outstanding impressions based upon repeated interviews with these teenagers may be summarised as follows:—

- (a) The supreme indifference shown by the majority to the outcome of promiscuity, with special reference to venereal infection and pregnancy.
- (b) Sexual intercourse often took place at their initial meeting.
- (c) Their ignorance about venereal infection.
- (d) Although contraception was seldom practiced, we can only surmise that relatively few girls became pregnant in relation to those who are sexually promiscuous.
- (e) An obvious increase in alcoholic indulgence by these teenagers.

### **Immigrants.**

Fifteen per cent. of all new male registrations belong to this category and of all new Gonococcal infections, no fewer than 26% were found in men belonging to foreign countries, Eire accounting for almost half.

Figures for female immigrants were negligible.

### **Homosexuality.**

Whereas this would appear to be a formidable problem elsewhere in Great Britain, especially in London, only 2% (16) were noted in all new male registrations and 6% of new Gonococcal infections occurred in homosexuals.

## Contact Tracing.

The commonest meeting place was undoubtedly the Public House which accounted for 44% of all male Gonorrhoeal patients, and street pick-ups accounted for 35%. Reference was made in last year's report to the futility of the Street Offences Act as a means of surpressing venereal infection, and the 1964 statistics speak for themselves.

One hundred and sixty-nine men who acquired their Gonococcal infections from women residing in Newcastle were interviewed in an endeavour to locate their alleged sources of infection. Seventy seven (46%) failed to supply sufficient information which would enable the contact tracers (Health Visitors seconded by the Local Authority) to locate their consorts. Of the remainder who were identified 28 were wives or regular liaisons who had been exposed subsequently to the risk of infection by their consorts. There were, therefore, 64 women whom we were anxious to examine and 49 did come to the clinic of whom 41 were found to be diseased. Twenty-eight were brought by the contact tracers and 21 by the patients themselves. The latter figure is most encouraging since in the past the great majority of promiscuous women were not persuaded to attend the department by the men infected by them but by the contact tracers.

Reference has already been made to the 28 women subsequently exposed to the risk of infection, 19 proved to be wives and 17 were found to have Gonorrhoea.

The estimated reservoir of Newcastle women believed to have a Gonococcal infection was 123 of whom only 49 (38%) were located and persuaded to attend for examination. This figure is much lower than last year's, a circumstance which is not surprising in view of the increasing number of infected men who deliberately or otherwise, fail to supply adequate information about their alleged sources of infection.

The prostitute has been blamed as being the principal source of disseminating Gonorrhoea in this country, but Newcastle statistics do not support this belief inasmuch as only 33% of men alleged they were infected by prostitutes.

The percentage of men infected with Gonorrhoea by prostitutes residing in Newcastle and for the whole area served by this Clinic was exactly the same, *i.e.* 33%. It is not surprising that where men were infected overseas, prostitution accounted for 50% of infections.



**CHEST CLINICS.  
MASS RADIOGRAPHY.**

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**V—TUBERCULOSIS.**

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**CONTACT CLINICS.**



## TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1927.

121A

YEAR.	TUBERCULOSIS.											
	PULMONARY.				NON-PULMONARY.				TOTAL.			
	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.
1927	504	316	1.09	1.75	270	84	0.29	0.94	774	400	1.38	2.7
1928	508	295	1.05	1.80	280	77	0.27	1.00	788	372	1.32	2.8
1929	551	309	1.09	1.94	236	75	0.26	0.83	787	384	1.35	2.8
1930	507	298	1.05	1.79	212	67	0.24	0.75	719	365	1.29	2.5
1931	507	303	1.07	1.79	232	94	0.33	0.82	739	397	1.40	2.6
1932	432	277	0.98	1.52	207	64	0.22	0.73	639	341	1.20	2.2
1933	428	262	0.91	1.49	191	67	0.23	0.66	619	329	1.14	2.2
1934	464	280	0.97	1.62	140	51	0.18	0.49	604	331	1.15	2.1
1935	464	240	0.82	1.59	176	63	0.22	0.60	640	303	1.04	2.2
1936	449	265	0.90	1.55	135	43	0.14	0.46	584	308	1.04	2.0
1937	489	270	0.93	1.68	137	54	0.19	0.47	626	324	1.12	2.1
1938	481	249	0.85	1.65	158	44	0.15	0.54	639	293	1.00	2.2
1939	428	232	0.82	1.51	143	47	0.17	0.50	571	279	0.99	2.0
1940	465	251	0.98	1.82	123	51	0.20	0.48	588	302	1.18	2.3
1941	483	249	0.98	1.89	130	56	0.22	0.51	613	305	1.20	2.4
1942	511	219	0.86	2.01	136	58	0.23	0.53	647	277	1.09	2.5
1943	595	270	1.06	2.33	140	55	0.21	0.55	735	325	1.27	2.9
1944	547	233	0.89	2.08	147	68	0.26	0.56	694	301	1.15	2.6
1945	580	227	0.85	2.18	115	47	0.18	0.43	695	274	1.03	3.0
1946	572	227	0.80	2.02	105	36	0.13	0.37	677	263	0.93	2.4
1947	546	259	0.89	1.88	98	39	0.13	0.34	644	298	1.02	2.2
1948	596	228	0.78	2.03	97	26	0.09	0.33	693	254	0.87	2.36
1949	516	222	0.75	1.75	94	24	0.08	0.32	610	246	0.83	2.07
1950	532	183	0.62	1.81	73	25	0.08	0.25	605	208	0.70	2.06
1951	485	110	0.38	1.66	71	14	0.05	0.24	556	124	0.43	1.90
1952	430	95	0.33	1.48	64	12	0.04	0.22	494	107	0.37	1.70
1953	476	81	0.28	1.64	68	12	0.04	0.24	544	93	0.32	1.88
1954	430	77	0.27	1.50	55	9	0.03	0.19	485	86	0.30	1.69
1955	373	48	0.17	1.33	68	4	0.01	0.24	451	52	0.18	1.57
1956	341	41	0.15	1.23	68	3	0.01	0.24	409	44	0.16	1.47
1957	287	35	0.13	1.04	59	1	0.004	0.21	346	36	0.13	1.26
1958	298	29	0.11	1.09	45	2	0.007	0.17	343	31	0.11	1.26
1959	221	28	0.10	0.82	24	2	0.007	0.09	245	30	0.11	0.90
1960	204	24	0.09	0.76	30	4	0.015	0.11	234	28	0.10	0.87
1961	178	21	0.08	0.67	28	2	0.007	0.10	206	23	0.09	0.77
1962	149	22	0.08	0.56	37	2	0.007	0.14	186	24	0.09	0.67
1963	117	9	0.03	0.44	30	4	0.015	0.11	147	13	0.05	0.56
1964	144	14	0.05	0.55	22	1	0.004	0.08	166	15	0.06	0.64



## TUBERCULOSIS

There was a sharp increase in the number of new cases of pulmonary tuberculosis, 144 cases, 27 more than last year, were notified, giving an attack rate of 0.552 per 1,000 population. New cases of non-pulmonary tuberculosis numbered 22, as compared with 30 in 1963, the attack rate falling from 0.11 to 0.08.

The number of deaths from the disease rose to 15, two more than in 1963, all but one being due to pulmonary tuberculosis; giving a death rate of 0.058 per 1,000 population (0.054 pulmonary and 0.004 non-pulmonary).

### Notifications.

During the year, primary notifications were received as follows:

<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Totals</i>
144	22	166

Sources of notification were:—

General Practitioners .....	28
Chest Physicians .....	124
Hospital Medical Staff .....	14
	166

In addition, 30 notifications (26 pulmonary and 4 non-pulmonary) were received of cases previously notified elsewhere which had moved into the City during the year.

RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION  
BEFORE DEATH.

	Deaths which occurred in these years										
	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Persons not notified before death .....	11	6	9	4	4	5	7	8	5	1	4
Persons notified under 1 month .....	2	5	3	1	4	4	2	1	3	...	...
Persons notified between—											
1 and 3 months .....	3	1	2	...	2	2	3	...	1	...	...
3 and 6 months .....	3	1	...	2	...	...	...	...	1	...	...
6 and 12 months .....	7	1	1	...	1	3	1	...	1	...	...
12 and 18 months .....	5	...	...	4	...	...	...	...	...	...	...
18 and 24 months .....	5	3	2	1	1	...	...	...	...	...	2
2 and 3 years .....	11	2	2	3	1	2	4	2	3	1	...
Over 3 years.....	30	29	22	20	16	12	7	10	8	7	8
Totals .....	77	48	41	35	29	28	24	21	22	9	14

COMPARATIVE FIGURES OF ATTACK AND DEATH RATES (ALL  
FORMS PER 1,000 POPULATION.

	1959		1960		1961		1962		1963		1964*	
	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate
Newcastle upon Tyne .....	0·11	0·90	0·10	0·87	0·09	0·77	0·09	0·69	0·05	0·56	0·06	0·64
England and Wales .....	0·08	0·64	0·07	0·52	0·07	0·47	0·06	0·44	0·06	0·40	0·05	0·38
Glasgow .....	0·22	1·19	0·21	1·13	0·19	1·10	0·19	1·00	0·21	0·95	0·16	0·93
Scotland .....	0·11	0·83	0·10	0·75	0·09	0·70	0·09	0·61	0·09	0·55	0·07	0·57

\* Provisional figures

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING  
1962, 1963 AND 1964

	Age Groups													Total
	Under 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	
Respiratory—														
Males— 1962	...	...	...	1	...	7	6	16	17	22	27	8	3	107
1963	...	...	1	2	1	6	3	13	16	15	13	6	1	77
1964	2	2	2	...	1	2	8	14	18	18	17	5	5	94
Females 1962	...	...	4	...	...	1	7	9	9	7	2	...	3	42
1963	...	...	1	1	2	6	6	7	9	5	2	...	1	40
1964	1	...	1	...	4	5	4	14	12	3	4	2	...	50
Non-Respiratory—														
Males 1962	...	...	...	...	...	2	2	4	1	1	2	...	...	12
1963	...	...	...	...	...	...	2	7	3	1	1	...	...	14
1964	...	...	...	...	...	2	1	3	2	1	...	...	...	9
Females— 1962	...	...	...	...	2	1	4	9	1	5	1	1	1	25
1963	...	...	...	1	...	...	1	1	3	2	7	...	1	16
1964	...	...	...	...	...	1	2	3	2	2	2	...	1	13
Totals— 1962	...	...	4	1	2	11	19	38	28	35	32	9	7	186
1963	...	...	2	4	3	12	12	28	31	23	23	6	3	147
1964	3	2	3	...	5	10	15	34	34	24	23	7	6	166

AGE DISTRIBUTION OF DEATHS DURING 1964

	Under 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	Total
Respiratory—														
Males .....	...	...	...	...	...	...	...	...	2	2	2	3	2	11
Females .....	...	...	...	...	...	...	...	...	...	...	1	1	1	3
Non-Respiratory ...														
Males .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Females .....	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Totals .....	...	...	...	...	1	...	...	...	2	2	3	4	3	15

## CHEST CLINICS.

Instead of the customary report from each Clinic this year Dr. Verity has kindly introduced a survey of 50 years of clinic treatment in Newcastle upon Tyne entitled "Tuberculosis through the years" and Dr. J. H. Lauckner has made two contributions, one entitled "Notification of Tuberculosis", the other "Incidence of Tuberculosis".

For the first time a record has been kept of the social services provided for the patients at the East End Clinic short of calling on the social services in the Civic Centre. It is an example of "screening" and knowing where and when to send applicants for further advice. Such a procedure saves valuable professional time.

## TUBERCULOSIS THROUGH THE YEARS.

(Dr. C. VERITY).

It is just 50 years ago since the Tuberculosis Service for Newcastle upon Tyne, originally commencing in two rooms in the City's Town Hall in February 1913, was transferred in December 1914 to the present building which is known as Newcastle (East) Chest Clinic. At that time it was under the direction of Dr. W. H. Dickinson who was assisted by one Inspector, two Nurses and a Clerk. With the advent of the National Health Service Act (1946) the Service was taken over by the Regional Hospital Board in 1948.

The area served by the Clinic was progressively enlarged to include Throckley and Gosforth in 1949, Longbenton and subsequently Castle Ward in October 1950.

In January 1952, a new Chest Clinic was established at the Northern Counties Chest Hospital to serve the western half of the City and Throckley.

Some idea of the progressive changes in the problem of Tuberculosis in the area during the last half century can be gained from the following Table:—

	1914	1924	1934	1944	1954	1964
Newly notified Cases:						
Pulmonary .....	665	540	464	547	530	144
Non-Pulmonary	293	272	140	147	55	22
	<hr/> 958	<hr/> 812	<hr/> 604	<hr/> 694	<hr/> 485	<hr/> 166
Deaths:						
Pulmonary .....	375	331	280	233	77	14
Non-Pulmonary	154	152	51	68	9	1
	<hr/> 529	<hr/> 483	<hr/> 331	<hr/> 301	<hr/> 86	<hr/> 15
Death Rate per 1,000 persons living.....	1.95	1.69	1.15	1.14	0.3	0.06

These of course are mere figures and fail to portray the family tragedies that were all too frequent before chemotherapy began to make its effect felt in the early 1950's.



The more recent position is shown in the notifications for the last decade:—

TABLE II.  
TUBERCULOSIS NOTIFICATIONS  
(EAST CHEST CLINIC AREA).

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Respiratory	261	252	176	171	160	127	120	126	96	104
Non-Respiratory	61	50	39	21	19	17	29	21	22	11
	<u>322</u>	<u>302</u>	<u>215</u>	<u>192</u>	<u>179</u>	<u>144</u>	<u>149</u>	<u>147</u>	<u>118</u>	<u>115</u>

Cases per 100,000 of population:

148.5	143.8	98.1	87.0	80.4	64.3	66.0	64.2	52.4	44.2
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In about half of these new cases the diagnosis was supported by bacteriological confirmation in 1963 and 1964.

TABLE III  
CASES OF PULMONARY TUBERCULOSIS NEWLY NOTIFIED.

	1963	1964
Bacteriologically confirmed.....	47	52
Not yet bacteriologically confirmed .....	49	52

It is a source of continual surprise and, indeed, disappointment that this simple method of diagnosis viz., sputum examination, is not used more frequently, particularly in general practice. The reluctance of people to go to an X-ray unit is slowly diminishing but there is still considerable resistance by default; sputum examination however may well clinch the diagnosis without any effort from the patient, though the collection and despatch to the laboratory of the specimen may mean a little extra effort on the part of the general practitioner.

Our present policy is still that of seeking out new sufferers and treating known cases, paying particular attention to individuals known to be persistently infective.

The following Table shows the present position with regard to this latter class in comparison with recent years:—

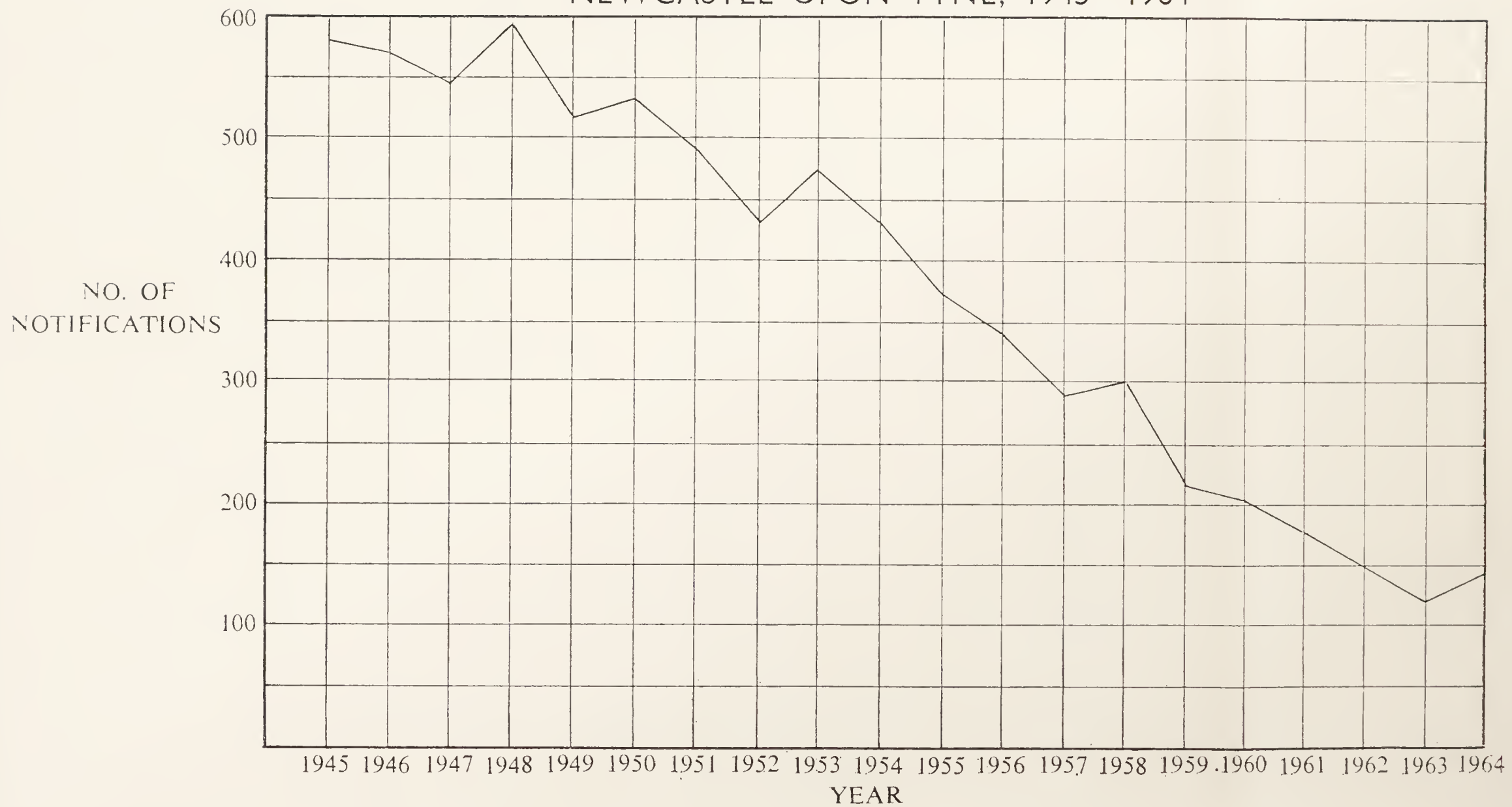
TABLE IV  
CHRONIC INFECTIVE CASES OF PULMONARY TUBERCULOSIS  
NEWCASTLE UPON TYNE

	1956	1957	1958	1959	1960	1961	1962	1963	1964
<b>MALE.</b>									
Not seen .....	5	5	5	5	2	2	2	1	1
No Sputum .....	7	21	14	13	1	0	0	0	0
Negative .....	57	55	46	32	16	9	16	16	11
Positive.....	60	33	20	21	24	22	15	18	13
	129	114	85	71	43	33*	32	35	25
Resistant .....	19	7	8	10	15	11	11	7	10
Chemotherpay...	102	79	52	20	13	24	26	17	16
Died .....	... 8	... 4	... 4	... 1	... 6	... 6	... 2	... 2	... 2
Transferred .....	... 2	... 17	... 2	... 30	... 1	... 31	... 0	... 8	... 6
Off.....	... 7	... 24	... 14	... 19	... 29	... 11	... 2	... 4	... 8
New cases .....	...	2	1	5	3	7	5	9	1
<b>FEMALE</b>									
Not Seen .....	1	2	5	5	3	2	2	2	1
No Sputum .....	8	16	7	6	0	0	0	0	0
Negative .....	25	26	18	21	5	3	3	1	8
Positive.....	33	17	14	8	6	6	5	12	5
	67	61	44	40	14	11	8*	15	13*
Resistant .....	5	2	5	3	4	4	4	2	3
Chemotherapy...	52	38	27	15	4	5	3	10	8
Died .....	... 3	... 3	... 2	... 7	... 0	... 1	... 1	... 1	... 1
Transferred .....	... 3	... 8	... 0	... 17	... 1	... 27	... 0	... 3	... 2
Off.....	... 2	... 14	... 3	... 19	... 4	... 2	... 1	... 2	... 2
New cases .....	...	2	0	2	1	1	0	8	1
<b>TOTAL .....</b>	<b>196</b>	<b>175</b>	<b>129</b>	<b>111</b>	<b>57</b>	<b>44</b>	<b>40</b>	<b>50</b>	<b>38</b>
<b>POSITIVE .....</b>	<b>(93)</b>	<b>(50)</b>	<b>(34)</b>	<b>(29)</b>	<b>(30)</b>	<b>(28)</b>	<b>(20)</b>	<b>(30)</b>	<b>(18)</b>

#### Criteria—Chronic Infector.

- (1) A chronic infector is a case of pulmonary tuberculosis whose sputum *remains* persistantly or occasionally infective.
- (2) A case is no longer regarded as a chronic infector if the sputum does not show tubercle bacilli twelve months after completion of an adequate course of treatment.
- (3) An "adequate" course of treatment is not demarcated in exact terms, but is left to the judgment of the Clinician in charge of the case, though it is usually regarded as treatment adequate to return the patient to his "normal" occupation.
- (4) "Infective" sputum means sputum in which tubercle bacilli have been demonstrated either by direct Ziehl Neelsen stain or culture.
- (5) No case is relegated to the chronic infective group unless and until treatment has been given. The majority of infective cases, of course, rapidly become non-infective.

RESPIRATORY TUBERCULOSIS NOTIFICATIONS  
NEWCASTLE UPON TYNE, 1945—1964





- “Positive/Negative” A case is regarded as “Negative” unless tubercle bacilli are found during the year under review.
- “Resistant” Means resistant to one or more drugs in the current year.
- \* Some cases not seen had sputum examined so there is an apparent discrepancy.  
Sputum culture results are allocated to the date of collection of specimen.

It can be seen that overall numbers are slowly diminishing and the number who are known to be infective at any one time are considerably reduced. However, there does seem to be a check in the fall of the actual number of cases that show drug resistance; it may well be that this is the beginning of a fairly prolonged low-level plateau that will show considerable tardiness in falling lower, until there has been further drastic drop in the incidence of new cases. The shift of populations, both indigenous, and especially immigrant additions, influence this latter so much that detailed prognostications are not justified, but if one accepts that tuberculosis is not only treatable but preventable why is it not prevented from afflicting unaffected individuals? Even though now eminently treatable one must first discover the case. Why then this tardiness of the Central Authority in tackling this health hazard to the British population from the massive influx of immigrants? It makes neither political nor economic sense to refuse to protect the British taxpayers' pocket and his health by setting up a simple screening check of those (except bona fide tourists) who enter this country. To those who emphasise the difficulty of such a check one can only suggest they try to emigrate to one or other of the English-speaking countries.

#### **Future Domestic Policy.**

Our efforts locally then must be directed to rendering such chronic infective cases less infective and possibly non-infective by the vigorous use of the newer anti-tuberculosis drugs, and special attention should be paid to those new additions to our society, the immigrants, some of whom would appear to be a special risk largely because of their mal-adaptation to our inclement climate and their self-imposed low standards of housing.

Special efforts have been made to overcome the twin barriers of language and their fear of officialdom by approach to them through their own nationals and by pamphlets in their own language, but illiteracy at present remains a difficult obstacle and will only be overcome by the lapse of time.

## **INCIDENCE OF TUBERCULOSIS**

(Dr. J. R. LAUCKNER).

The number of notifications of respiratory tuberculosis in the City of Newcastle in 1964 was 144—that is 27 more than in 1963 (an increase of 25%) and practically the same number as in 1962. This is surprising and calls for some comment, although no simple explanation is forthcoming.

There is always the possibility of chance fluctuations, such as have occurred in the past. However, the difference is unusually large. When the figures are plotted on a graph, the 1964 figure is seen to be quite out of keeping with the rapid downward trend from 1945 onwards, since the end of the upward bulge caused by the war.

There is no adequate definition of a “notifiable case” of tuberculosis, consequently chest physicians may alter their criteria for notification. Over the years there has probably been a tendency to notify less advanced cases, which might not have been notified in earlier years. There was certainly no deliberate change in 1964. We consult from time to time on such matters, so policy is likely to be fairly uniform. Further, the proportion of cases notified in the East and West of the City respectively in 1964 was

about the usual. An important indication that the 1964 notifications do not include more "doubtful" cases than previously, is that the proportion of bacteriologically confirmed (infectious) cases is higher than in recent years on both sides of the City. This suggests that we have perhaps been more conservative about notification in 1964. It is also possible that bacteriological technique has improved.

In Bradford<sup>(1)</sup>, and perhaps some other cities, there has been an increase in notifications of tuberculosis in the last few years, which analysis has shown to be due entirely to the much higher incidence of the disease in certain groups of immigrants. Newcastle has some 1,500 such immigrants and the evidence we have so far collected suggests that they have a similar high incidence of tuberculosis. But the numbers are sufficient to account for only a small proportion of the observed increase, and this factor was operating in 1963.

It is necessary therefore to look more closely at the notifications in the last few years, and break them down by age and sex.

	1961	1962	1963	1964
Children under 15 .....	15	5	8	13
Men age 15-44 .....	47	46	38	42
Women age 15-44 .....	43	26	28	35
Men age 45+ .....	60	60	35	45
Women age 45+ .....	13	12	8	9
	<hr/>			
	178	149	117	144

It will be seen that most of the fall from 1962 to 1963 was in men over 45 years; which is surprising, because this is the group which has shown the least fall in the past 10 years or so. The remainder of the fall was mainly in men under 45. In neither group has the fall been maintained in 1964. Thus there was something strange about the 1963 figures, which we cannot explain.

Notifications in children are apparently increasing. Since the numbers are small, fluctuations are inevitable. It is particularly difficult to decide what to notify when dealing with childhood tuberculosis, consequently some variation in criteria is possible.

It will also be seen, that from 1963 to 1964 there was an increase in each of the five groups. There may have been some carry over of cases at the end of the year; some patients who might have been notified in 1963 actually being notified in 1964.

Several factors probably contributed to the increase in notifications in 1964. If we assume that the 1963 figure should have been a little higher and the 1964 figure correspondingly lower, the implication remains that the rapid decrease in the incidence of respiratory tuberculosis observed in recent years may be levelling out. It will be necessary to await the 1965 figures before drawing any more definite conclusion.

Because of the difficulty in interpreting figures for notifications of tuberculosis and in the hope of making them more meaningful over a period of years, an experimental scheme involving more detailed notification was introduced in the City in 1964. This is described in the next section.

(1) Edgar, W. (1964) *Brit. Med. J.* II, 1565.

## NOTIFICATION OF TUBERCULOSIS

(Dr. J. R. LAUCKNER).

Tuberculosis is still the most important communicable disease in Britain. Because of the long natural history of tuberculous infection in the individual, control of this disease is more difficult than that of most other communicable diseases. Diphtheria and poliomyelitis have been almost eliminated in a few years by immunisation programmes. The struggle against tuberculosis is inevitably prolonged.

### Measuring Tuberculosis

We need some measure of the amount of disease in the community, by means of which to monitor the situation and assess progress. There are objections to the value of all the usual indices.

#### 1. *Mortality*

In the past this was useful, but improved treatment has made it meaningless. There should now be almost 100% recovery, so that mortality figures measure only failure of treatment.

#### 2. *Incidence of New Cases*

There is no adequate definition of a "notifiable case" of tuberculosis. The operative word in the official definition is "active". But activity is not defined and is open to a wide range of interpretation. It is differently interpreted in various parts of the country, so that incidence rates are not comparable.

#### 3. *Age Specific Tuberculin Positive Rates*

The difficulty here is to define a positive tuberculin test. Different criteria of positivity can lead to widely different rates in the same group of children. This index reflects the experience of children over several years and gives only very indirect information about the amount of disease in the community at any given time. It is, however, valuable as a long term indicator of progress, because the ultimate aim of tuberculosis control is to prevent people becoming infected.

The index mainly used by Medical Officers of Health is the incidence of new cases (notifications). Whether we like it or not, a good deal of significance is attached to notification figures. We ought therefore to make them as meaningful as possible.

### Limitations of figures hitherto published

1. They do not take account of relapses. In the past this was probably reasonable, but it is unrealistic now.

2. They do not take account of inward transfers *i.e.* people entering the community who suffer from tuberculosis. Such people may constitute fresh foci of infection in the local community, although not of course in the country as a whole.

3. They do not take account of the infectivity of notified cases. Some patients do not excrete tubercle bacilli in their sputum and are therefore not infectious. Some are highly infectious (sputum positive on smear examination), others relatively less infectious (sputum positive on culture).

We need a measure of the number of foci of infection in the community at a given time—or during a given period.

### Experimental notification scheme

Towards the end of 1963 it was agreed between the Medical Officer of Health and the Chest Physicians that, on an experimental basis from 1st January, 1964, notifications of tuberculosis in the City of Newcastle should be extended and made more detailed, to remedy the limitations mentioned above. The scheme was designed to cover all "respiratory tuberculosis". It was intended that the data so obtained would be for our own information. Official notifications for the City are unaffected, because these must be prepared according to rules laid down by the Ministry of Health.

In this scheme the Medical Officer of Health is informed of all fresh incidents of tuberculous activity in the City, whether rising in new (previously unnotified) individuals, by relapse in persons previously notified and subsequently regarded as inactive, or by inward transfer. Notifications are also classified by bacteriological status, as "smear positive", "culture positive", or "culture negative". The additional information is recorded on the back of the notification form by means of a rubber stamp.

This report presents the findings during the first year of operation.

### Results for 1964

Altogether 189 incidents of respiratory tuberculosis were recorded. These can be sub-divided according to clinical type as follows:—

Primary intrathoracic tuberculosis .....	11
Tuberculosis of pleura .....	5
Adult pulmonary tuberculosis .....	173
	189

We are not particularly concerned with primary or pleural tuberculosis, because these forms are not infectious.

For the City as a whole, the data relating to cases of adult pulmonary tuberculosis, classified according to bacteriological status and type of case are as follows:—

	<i>Inward Transfer</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>
Smear positive .....	1	38	8	47
Culture positive .....	2	39	5	46
Culture negative .....	24	49	1	74
No information .....	4	2	—	6
	31	128	14	173

The bacteriological status of patients transferred into the area is recorded as at the time of their arrival in Newcastle. A high proportion of them have already been treated, either partly or completely, and the majority are consequently culture negative.

Of 144 new notified cases of respiratory tuberculosis, 128 were pulmonary, 11 primary and 5 pleural.

The new and relapsed cases together show the number of incidents of active disease arising in the City during the year. Putting these together we see that there were 90 infectious cases (equally distributed between smear positive and culture positive), constituting 63% of the total.

Smear positive .....	46	}	90	63%
Culture positive .....	44			
Culture negative .....	50	}	52	37½%
No information .....	2			



If we add the three patients who were infectious at the time of inward transfer, we find that during the year there were 93 new foci of infection in the City.

Of these, 13 were relapses of previously notified cases, many of them treated in the days before adequate chemotherapy. The proportion, namely 14%, is similar to 18% for the whole of Denmark in 1960.<sup>(1)</sup> If the number of new cases arising each year continues to decrease, relapses will constitute an increasingly important source of new foci of infection. They cannot therefore be ignored in assessing the tuberculosis situation.

### Comparison between East and West Clinics

The following table presents the data separately for the two Chest Clinics:—

	EAST				WEST			
	<i>I.T.</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>	<i>I.T.</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>
Smear positive .....	1	12	1	14	—	26	7	33
Culture positive .....	2	21	1	24	—	18	4	22
Culture negative .....	13	29	—	42	11	20	1	32
No information .....	2	1	—	3	2	1	—	3
	18	63	2	83	13	65	12	90

The two Clinics serve populations of approximately the same size. The number of patients of each type is similar except for the larger number of relapses on the West side. There are several possible explanations for this difference. The proportions in the different bacteriological categories show quite marked differences unlikely to be due to chance and probably due to differences in bacteriological methods.

### Comment

These observations are presented as a contribution to the better understanding of the tuberculosis situation in our City. They provide only part of the picture. The figures for one year are of limited value. Over a period of several years they should help us to interpret any change which occurs.

Because of experience in other cities, it would be helpful in future to identify the cases of tuberculosis occurring among immigrants.

(1) Horwitz, O. and Palmer, C. E. (1964) Bull. Wld. Hlth. Org., 30, 609.

## MASS RADIOGRAPHY.

(Mr. F. T. McIntyre).

Table I sets out in detail the work of the Units (Mobile and Static) and the Regional Caravan Unit in the City.

Industrial and commercial centres were surveyed with small adjacent firms being invited to co-operate as far as possible. Contact visits were paid to six establishments at the request of the Medical Officer of Health or Chest Physicians. General Public Sessions were held at 13 locations in addition to special street surveys of the Newbiggin Hall Estate and Arthur's Hill Ward of the City, and a visit to the Newcastle Summer Exhibition at the Exhibition Park.

The static Unit operated throughout the year at the Newcastle General Hospital for selected groups, *i.e.* Doctors' referred patients, Hospital staff and a large number, which is increasing, of pre-employment X-rays from various colleges, firms and local authorities. In addition, general public, employees of local firms, teachers, etc., made full use of the facilities offered.

Table 2 summarises General Practitioners' referred cases.

There are a number of Chest Clinic referrals whose final diagnosis has not been completed and the number of cases of active tuberculosis should be read in the light of this fact.

TABLE 1.

WORK CARRIED OUT IN THE CITY OF NEWCASTLE UPON TYNE.

Examinee Groups	No. X-Rayed	Referred to Chest Clinics	Active Cases
Doctors' Patients .....	7,776	635	55
Chest Clinic Contacts.....	1,476	20	4
School Children (Tuberculin+ and Contacts) .....	888	6	—
General Public.....	9,119	246	17
Industrial Groups .....	25,807	282	19
Hospital Staff (Nursing) .....	731	3	—
Hospital Out-Patients and In-Patients .....	853	29	1
Smokers Clinic .....	5	—	—
Remand Homes .....	64	—	—
	46,719	1,221	96

TABLE 2.  
SUMMARY OF GENERAL PRACTITIONERS REFERRALS

Year	Nos. Referred	Active Cases	Rate per 1,000
1961	7,883	78	9.9
1962	8,056	60	7.4
1963	7,985	41	5.1
1964	7,776	55	7.1

## TUBERCULOSIS IN CHILDHOOD

(*Dr. Mary D. Thompson*).

Twelve children were admitted to hospital for the treatment of tuberculosis and one other, though treated at home was notified by her family doctor. Among those in hospital three were under one year of age and two others were between one and two years. There were no cases of chronic pulmonary tuberculosis, of superficial tuberculous lymph adenitis or of bone and joint disease, but two of the young children had miliary involvement and one other had bacteriological meningitis (though not notified as such). (Table I).

Only 16 children were found to be tuberculin positive at routine testing at school at five years of age (less than 1%) (Table II) and only six of these were already under supervision. Of the newly found ones two had active infections and were treated with chemotherapy and the mother of one of these was found to have tuberculosis. Two had radiological evidence of healed infections: and two others had been in this country for less than three months (one from Hong Kong and one from Pakistan) and one other had come from Pakistan within 12 months.

At routine testing at 10 years of age although 49 children were found to be tuberculin positive, an incidence of 1.6% (Table II) only 13 were not already under supervision, and none of these had radiological evidence of disease, nine of them had been known to be tuberculin negative at five years of age but four had not previously been tested.

At five years of age a further 16% of children were tuberculin positive following B.C.G. vaccination and at ten years this figure was 13%.

At 12-13 years of age 343 children were tuberculin positive including those naturally positive and those who had had B.C.G. Vaccination.

As in past years all unvaccinated children found tuberculin positive at five and ten years of age were referred to the Contact Clinic for investigation. Among the previously unknown reactors at ten years were 47 with a Grade I or II response and of these only six were positive to an intradermal test using 10 T.U. At five years there were 18 Grade I and II reactors and only three of these were Mantoux positive. Only Grade III and IV reactors and those Mantoux positive are included in the paragraph above.

It has still not proved possible to see at the Contact Clinic those children found tuberculin positive at routine testing at 12 years of age. A beginning has however been made. Only 10 unvaccinated children with Grade III and IV reactions were not already under supervision and arrangements are being made for them to be seen, for it is among them that cases of tuberculosis in young adults may be expected. Plans for their long-term supervision are at present under discussion.

At the Contact Clinic 21 of the children under five years of age were tuberculin positive: 17 were examined as contacts or after routine testing; some of these were very young and some were very ill and could and should have been recognised before examination as contacts. Four had to be admitted to hospital and 11 others were given chemotherapy at home. Four of the children were not seen at the clinic till after their discharge from hospital where their infection was originally diagnosed. Of the 21 children three were infected by their mothers, five by fathers, five by other relatives, four by friends or neighbours and no infector has yet been found for the other four.

In addition to these young children 15 between five and 14 years of age were treated at home with chemotherapy.

The work of the Children's Tuberculosis Contact Service has changed over the years: the main bulk is now represented by the testing and B.C.G. vaccination of contacts and those with a family history of tuberculosis but an increasing amount is concerned with the supervision and prophylactic treatment of infected children. The immediate effects of this are a reduction in tuberculous illness in childhood but the long-term results should be even more important if this results in a lower incidence of breakdown in future and so of infection of yet other generations.

TABLE I.

THE NUMBER OF NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) AND OF TUBERCULOSIS MENINGITIS AND THE NUMBER OF TUBERCULOSIS DEATHS IN THOSE AGED 0—14 YEARS IN NEWCASTLE 1950—1964.

	1950	1954	1956	1958	1960	1962	1963	1964
Notifications:—								
All forms .....	91	54	42	41	32	8	9	13
Meningitis .....	13	3	3	3	0	0	0	0
Deaths—all forms .....	13	1	1	0	0	0	0	0

TABLE II.

THE RESULTS OF ROUTINE TUBERCULIN TESTING IN SCHOOLS 1954—1964.

	1954	1958	1960	1962	1963	1964
'Leavers' age 13—14						
% Tested .....	0	82	70	68	68	61
Number Tested .....	3,034	3,183	2,904	3,070	2,901	2,781
% Positive .....	45	22	16	18	15	16
'Juniors' age 9—10						
% Tested .....	0	68	76	80	78	80
Number Tested .....	0	3,020	2,957	2,897	2,909	3,081
% Positive .....	0	7.6	6	3.2	2.4	1.6
'Infants' age 5—6						
% Tested .....	0	70	75	71	75	80
Number Tested .....	0	3,053	3,525	3,213	3,473	3,507
% Positive .....	0	2.5	1.8	1.2	0.75	0.4

Number and per cent positive in "leavers" includes those previously vaccinated with B.C.G.

TABLE III.

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AT THE CONTACT CLINIC AND THE NUMBER FOUND TO BE TUBERCULIN POSITIVE IN SOME YEARS BETWEEN 1941—1964.

	1941	1952	1956	1960	1962	1963	1964
Total .....	63	427	941	1,102	1,007	1,179	1,395
Number Tuberculin Positive ...	26	71	18	26	16	12	21
% Positive .....	41	16	2	2.4	1.6	1.0	1.5

TABLE IV.

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF NEWLY DIAGNOSED PATIENTS 1952—1964.

	1952	1956	1960	1962	1963	1964
Total .....	103	269	250	171	176	195
Number Tuberculin Positive .....	41	15	19	9	6	18
% Positive .....	40	5.6	7.6	5	3.4	9.2

TABLE V.

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1952—1964.

	1952	1956	1960	1962	1963	1964
Chest Clinics .....	22	255	227	181	88	75
Contact Clinics .....	92	588	911	899	935	800
Newcastle General Hospital— (Maternity Department) .....	70	152	187	160	184	224
Princess Mary Maternity Hospital	—	122	220	209	294	326
	184	1,117	1,545	1,449	1,501	1,425
School Leavers .....		1,041	3,104	2,441	2,429	2,369
Further Education Students .....		—	76	—	32	—
	184	2,158	4,725	3,890	3,962	3,794

## SOCIAL WORK.

### CHEST CLINICS.

During 1964, some 274 patients were seen, covering 225 Newcastle patients, and 49 patients living in County areas.

Help in various forms was given to patients and their families.

	<i>Newcastle County</i>	
Clothing .....	16	2
Extra Nourishment .....	225	55
Convalescence .....	11	1
Transport .....	3	—
Fares.....	5	4
Nursing Comforts .....	7	—
Bed .....	1	—
Bedding .....	2	—
Housing .....	7	1
Advice .....	16	4
Training .....	1	1
Reference for Financial Assistance .....	158	28
Domestic Help .....	5	—

Any patients requiring help or advice, which was not easily available at the Clinic, were referred to the Social Workers at the Civic Centre.

The Agencies used in providing the necessary assistance for patients were : —

	<i>Newcastle County</i>	
Voluntary Care Committees .....	286	202
British Red Cross Society .....	1	—
National Assistance Board .....	14	9
Ministry of Labour .....	16	3
Ministry of Pensions .....	1	2
Regional Hospital Board .....	—	1
Local Authority Health and Social Services .....	24	3
Children's Officer .....	1	—
General Practitioner.....	26	4
Council of Social Service .....	1	—
Women's Voluntary Service .....	7	—
Local Authority Housing Department ...	3	1
J. H. Routledge Memorial Fund .....	1	—
National Society for Cancer Relief .....	205	44
County Almoner.....	—	2
Other Sources .....	2	—





**REPORT OF THE  
SCHOOL MEDICAL OFFICER**

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**VI—SCHOOL HEALTH SERVICE**

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**SYNOPSIS OF REPORT SUBMITTED TO  
EDUCATION COMMITTEE.**



# REPORT OF THE SCHOOL HEALTH SERVICE

*Dr. H. K. Sainsbury*

The necessary preliminary steps were taken in the years 1957 to 1960 to bring about an integrated Child Health Service, and in subsequent years arrangements have been made, as opportunity offered, to this end until we have now almost arrived at the definitive pattern outlined in my Report last year.

The two Combined Clinics at Atkinson Road and Ravenswood are now far advanced in building, leaving similar Clinics at Diana Street and Shieldfield still outstanding.

The facilities offered in existing Clinics, although only slightly changed, are once again detailed for the record:—

## SCHOOL CLINICS. FACILITIES OFFERED.

Clinic.	a	b	c	d	e	f
Atkinson Road .....	a	b	c			
Bentinck .....	a	b	c	d		f
Blakelaw .....	a	b	g			
Central .....	a	b	c	d	e	f
East End .....	a	b	c	e		
Kenton .....	a	b	c			
Middle Street .....	a	b	c	d		f

### Key.

a—Daily Dressings.      b—Consultations.      c—Dental  
d—Refractions.      e—Skin Clinics.      f—Examinations—  
(Under Sect. 34 Ed. Act.)

In June 1964 the Administrative Section of the School Health Service moved to new quarters within the Health and Social Services Department in the Civic Centre.

The Child and Family Guidance Service moved into the rooms vacated by the Administrative Section of the Service at the Central School Clinic. At the same time plans were made for the provision of a Day School for Maladjusted Pupils in the premises of Bolam Street School. These premises will also contain a Child Guidance Clinic.

Considerable difficulty has been experienced in recruiting Speech Therapists, Physiotherapists and Educational Psychologists, to the Service.

## MEDICAL INSPECTIONS.

The traditional system of Periodic Inspections has been retained in the East of the City, whilst the system of Selective examination of the intermediate age group of pupils is operative throughout the West of the City. In this area also, the Inspection of School Entrants is performed immediately before entry to school.

The number of pupils inspected were as follows :—

### A. Periodic Inspections in Maintained Schools.

Entrants .....	5058
Intermediates.....	2960
Leavers .....	3050
Other Ages .....	374

### Periodic Inspections in Independent Schools.

Church High School— (5, 8, 12 years) .....	79
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### B. Re-Inspections in Schools.

No. of Pupils Inspected .....	1521
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### C. Special Inspections.

(a) Inspection in Schools .....	624
(b) Inspections for Freedom from Infection .....	872
(c) Examination for employment of pupils out of school hours .....	329
(d) Examination of children and young persons proceeding to Remand Homes .....	133
(e) Examination of children taken into Care of Local Authority .....	297
(f) Annual Inspection of children in Care of Local Authority .....	202

### D. Infestation with Vermin.

(a) Total number of Individual Examinations of Pupils in schools by Nurses or other Authorised Persons .....	57788
(b) Total number of Individual pupils found to be Infested .....	1941
(c) Number of pupils in respect of whom Cleansing Notices were issued under Sect. 54 (2) Education Act, 1944 .....	60
(d) Number of pupils in respect of whom Cleansing Orders were issued under Section 54 (3) Educa- tion Act, 1944 .....	7

An unhealthy aspect of this work is the opposition which the nursing staff is encountering in their task of limiting infestation in schools. It is clear that considerable apathy exists in a section of the Community, and it is not always appreciated that this work is undertaken in the interests of the public. In the latter part of the year procedure under Section 54 of the Act was reviewed and tightened up.

The findings at Periodic Inspections were as follows :—

NUMBERS OF PUPILS FOUND TO REQUIRE TREATMENT

Age Group (Born)	No. of Pupils Inspected	No. of Pupils found to require Treatment		
		Defective Vision	Other Conditions	Total Individual Pupils
1960 and later	262	—	8	8
1959	3,434	61	284	342
1958	1,362	39	99	136
1957	153	9	11	9
1956	36	1	5	5
1955	104	1	3	3
1954	2,960	251	263	427
1953	52	6	8	12
1952	14	1	3	4
1951	15	—	1	1
1950	1,222	114	62	169
1949 and earlier	1,828	124	56	176
Total .....	11,442	607	803	1,292

## NUMBERS AND TYPES OF DEFECTS FOUND AT PERIODIC INSPECTIONS.

	Requiring Treatment				Requiring Observation			
	Entrants	Leavers	Others	Total	Entrants	Leavers	Others	Total
Skin .....	58	33	39	130	121	48	91	260
Eyes—								
Vision .....	110	233	264	607	214	205	228	647
Squint .....	91	40	72	203	90	36	65	191
Other .....	10	9	10	29	32	35	16	83
Ears—								
Hearing.....	24	7	19	50	145	12	71	228
Otitis Media .....	18	5	9	32	173	20	42	235
Other .....	17	3	13	33	26	6	21	53
Nose and Throat .....	60	5	21	86	544	25	151	720
Speech.....	28	2	5	35	130	8	56	194
Lymphatic Glands .....	2	1	1	4	92	1	16	109
Heart.....	9	2	2	13	84	21	45	150
Lungs .....	16	6	18	40	188	40	68	296
Developmental—								
Hernia.....	5	2	—	7	23	3	8	34
Other .....	4	6	6	16	171	13	104	288
Orthopaedic—								
Posture .....	8	13	8	29	29	10	27	66
Feet .....	84	14	36	134	124	27	78	229
Other .....	77	23	25	125	200	52	94	346
Nervous System—								
Epilepsy .....	5	—	4	9	27	6	10	43
Other .....	4	3	2	9	31	5	23	59
Psychological—								
Development .....	1	—	2	3	54	9	29	92
Stability .....	10	2	12	24	208	22	78	308
Abdomen .....	4	—	7	11	22	3	31	56
Other .....	5	2	7	14	7	4	8	19

### Physical Condition of Pupils Inspected.

Nursery and Pre-School .....	99·61%	satisfactory.
Primary— 5 years .....	99·42%	„
6 years .....	98·83%	„
9 years .....	100·00%	„
10 years .....	99·60%	„
Secondary—14 years .....	99·92%	„
Over 14 years .....	99·84%	„

### Examination of Adults.

The following classes of adults were examined :—

(a) Teaching staff on appointment to the Local Authority .....	481
(b) Entrants to Teachers Training Colleges .....	210
(c) Final Examination of students at Teachers Training Colleges .....	167

## TREATMENT—MEDICAL.

Ill health or physical disability in whatsoever form it may be found, constitutes an educational hazard preventing the pupil from deriving full benefit from the education provided. The active treatment of sickness, or the correction of physical defects, is therefore a matter of consequence in the context of education. Thus, the parent on the one hand is required to cause the child to receive efficient full time education, which is not restricted to securing regular school attendance, but may be extended to adequate sleep and rest, suitable clothing, sufficient nourishment, upon which health depends and, in addition, medical attention where required.

Likewise the Education Authority is required under Section 48 of the Education Act, 1944, to play a reciprocal part by rendering comprehensive medical facilities available to its pupils. Much of the work of the School Health Service is concerned with putting parents in touch with the Hospital and General Practitioner services. Where existing local resources fall short of providing comprehensive facilities, the Local Authority have power to supplement them and this Authority has provided a number of special clinics which deal with Defective Vision, Hearing, Orthopaedic defects, Skin disease and Asthma.

This Authority has provided seven School Clinics, three being combined School Health and Child Welfare Clinics. All are well maintained in structural repair, decoration, furnishings and equipment. All recently built schools are provided with medical rooms, primarily for the inspection of pupils and, in a number, sessions are held by a school nurse once or twice a week for minor dressings. These latter facilities tend to exist in older schools where a medical inspection room is not available, but where a room suitable for the purpose has been provided according to the means of the building.

For reasons mentioned above the School Health Service is as much concerned with health as with sickness in these Clinics, and seeks to promote optimum health in a variety of ways namely:—

### 1. Consultations.

At each Clinic at least one session is devoted each week by the Medical Officer to the examination of children brought to him by the parent whom he advises in matters of difficulty

connected with their care and management. Where medical treatment appears to be required he arranges for this to be obtained from the General Practitioner or Hospital.

## 2. Minor Ailments.

School Nurses provide simple forms of treatment for minor conditions such as Blepharitis, Wax in Ears, Cuts and Sores. It is found more expeditious to attend to these conditions in the Clinic where there is difficulty in getting early and consistent treatment at home. In this way the conditions are rapidly cleared up and possible complications, which might render the child unfit for school, avoided.

## 3. Employment out of School Hours.

The examination of pupils engaged in work out of school hours seeks to prohibit their employment where such would be prejudicial to their health or education.

## 4. The Supervision of Personal Hygiene.

School Nurses do much of their supervision in School Clinics particularly during holiday periods when the schools are closed, and continuity of supervision is therefore preserved.

## 5. Follow-up Inspections.

These are performed by the School Nurse or Medical Officer to ensure that medical treatment has been promptly put in hand where the need for such has come to light.

The work performed during the year was as follows:—

### A. Attendances at Clinics.

The number of pupils seen by Medical Officers or Nurses were as follows:—

<b>(i) School Clinics.</b>	
Atkinson Road .....	1,822
Bentinck .....	813
Blakelaw .....	614
Central .....	315
East End .....	1,969
Kenton .....	1,016
Middle Street .....	1,120
<b>(ii) Accessory Clinics.</b>	
Ashfield House .....	320
Brinkburn Street .....	417
<b>(iii) Clinics on School Premises</b>	
Number of Clinics .....	22
Total sessions per week .....	40
Total pupils attending— .....	6,319



**B. The Work in School Clinics.****Consultations by Medical Officers.**

Ashfield House .....	124
Atkinson Road .....	272
Bentinck .....	262
Blakelaw .....	286
Central .....	206
East End .....	886
Kenton .....	264
Middle Street .....	203

**Return of Work in School Clinics by School Nurses.**

Defect or Service	Number of Children	Total Treatments
Skin—Septic .....	2,638	8,044
Scabies .....	80	136
Ringworm .....	5	15
Other .....	1,693	5,006
Ear Conditions—		
Wax in Ears .....	53	100
Discharging Ears .....	82	879
Eye Conditions—		
Conjunctivitis.....	63	294
Other External Eye Conditions .....	334	709
Spectacles .....	571	307
Vision Tests .....	415	217
Tonsillitis .....	50	35
Acute Infectious Fevers .....	20	—
Injuries .....	1,364	2,105
Malaise .....	179	143
Follow-up Inspections .....	821	254
Head Inspections .....	280	285
Cleansing .....	275	1,215
F.F.I.'s and Manual Workers .....	2,386	493
Miscellaneous .....	3,198	1,515
<b>Total .....</b>	<b>14,507</b>	<b>21,752</b>

**Inspections Performed by Nurses.**

Hygiene Inspections .....	57,788
Head Inspections .....	27,968
Follow-up Inspections .....	2,591

**C. The Work in Clinics on School Premises.**

Defect or Service	Number of Children	Total Treatments
Skin—Septic .....	3,948	6,524
Scabies .....	16	25
Ringworm .....	1	—
Other .....	2,648	4,722
Ear Conditions—		
Wax in ears .....	78	148
Discharging Ears.....	81	178
Eye Conditions —		
Conjunctivitis.....	44	60
Other External Eye Conditions .....	321	450
Spectacles .....	50	6
Vision Tests .....	222	419
Tonsillitis .....	8	2
Acute Infectious Fevers .....	3	—
Injuries .....	980	1,300
Malaise .....	50	55
Follow-up Inspections .....	2,782	1,032
Head Inspections .....	1,495	469
Cleansing .....	128	713
F.F.I.'s and Manual Workers .....	1	—
Miscellaneous .....	1,230	815
<b>Total .....</b>	<b>14,086</b>	<b>16,918</b>

**D. Duties Performed by School Nurses outside Clinics.**

## Home Visits :—

For Hospital .....	16
For Inspection of Home .....	49
For Other Reasons .....	1,081
Children escorted to Clinics or Hospital	269
Children escorted to and from Residential Schools .....	130

**SPECIAL CLINICS.****1. Ophthalmic.**

The Ophthalmic Clinics have continued to work on the same lines as in previous years. Three Ophthalmic Medical Practitioners devote among them five sessions per week — four at the Central School Clinic and one at Middle Street. One School Medical Officer continues to undertake refraction work at Middle Street Clinic and one at Bentinck.

(i) *The number of children who received a full Ophthalmic Examination was*

New Cases .....	472
Old Cases .....	1,003
The number for whom Glasses were prescribed .	856
The number referred to Hospital following Examination .....	60
The number on the waiting list at the end of the Year .....	332

In addition children were examined outside the Service as follows:—

Examined at Hospital .....	163
Examined by Ophthalmic Optician .....	197
(ii) <i>The Dispensing of Spectacles.</i>	
The number of Children who obtained Spectacles	921
The number of Spectacles repaired or replaced...	1,114

A sum of £291 8s. 6d. was charged to this Authority in respect of spectacles which, in the view of the Supplementary Ophthalmic Services Committee, required repair or replacement as a result of negligence.

## 2. Hearing Assessment

During the year under review the work of the Hearing Assessment Clinic continued on the lines of the previous years. The number of new cases was the largest to date, namely 243. The extra sessions, commenced in 1963, were continued and by this means the waiting list was kept to a minimum.

The following summary of the past three years work is interesting:—

	1962	1963	1964
A. Number of Audiometer Tests .....	337	288	337
(a) New Cases .....	143	211	243
(b) Reviews .....	195	77	94
B. New Cases attending Clinic .....	195	287	311
(a) Cases Reviewed:—			
In Special Schools .....	8	8	5
In Ordinary Schools .....	172	77	89
(b) Cases Discharged .....	221	169	200
C. Number of Cases referred to:—			
(a) Hospital or General Practitioner .....	151	132	164
(b) Speech Therapist .....	14	1	—
D. Handicapped Pupils.			
(a) Ascertained .....	5	5	9
(b) Reviewed .....	3	4	6
E. Number of Pupils on Register with Hearing Aids .....	50	39	56
Number followed-up and reported on .....	26	23	20
F. Number of Hearing Aids issued (not on Register) .....	14	—	—
G. Number followed-up after leaving School ...	—	1	—

No cases were referred to Speech Therapy as the department has virtually ceased to exist.

Arrangements were made, and carried out, to enable trainee Health Visitors to see the Clinic at work as a background to their future field work in rough assessment on the district.

The Senior Hard of Hearing Class at Cowgate School disbanded in 1963 because of staffing difficulties, was not reconstituted, but at

the end of the year there was some prospect of obtaining the services of a Peripatetic teacher of the Hard of Hearing. The children attending the Junior Hard of Hearing Class have now been fitted to their advantage, with dual battery hearing aids and continue to make useful progress.

The occasion should not pass without thanking the Consultant Surgeons for their unfailing help and advice, and likewise the Headmaster of the Northern Counties School for the Deaf, Mr. F. W. Hockenhull, for his co-operation and courtesy at all times.

### **3. Orthopaedic**

1964 has been a year of increasing difficulty in the Department owing to shortage of physiotherapy staff. Miss O. Webb, Superintendent Physiotherapist resigned at the end of November and it has not been possible to replace her.

Miss Webb had the difficult job of succeeding Miss Bertha Hague in 1959 and was a worthy successor. She had to cope with an increasing shortage of staff and a heavy burden of administrative work. The numbers of children seen increased during her tenure of office, rising to a maximum in 1963. In 1964 it became increasingly difficult to deal with all the children who needed to be seen and the numbers have consequently been reduced. Miss Webb managed to cope very well with this rising burden of work and a decreasing number of staff, but the orthopaedic surgeons knew that their patients were being very well looked after. We wish her well in her new appointment in Yorkshire.

From the clinical point of view, work has continued as in previous years, but the difficulty over footwear increases to such an extent that one wonders whether it is worth treating girls of school age for toe deformities. In seeking to reduce the volume of work and the time it occupies, the surgeon is greatly tempted to save himself effort by discharging the patients without discussion because there is so little hope of having any notice taken of what he says. Nevertheless, advice continues to be given in case some parents will accept it, and a few of the children will co-operate.

This is a subject I have referred to in previous Reports and I am sure that the only solution to the difficulty is that there should be compulsion as regards the type of shoe to be worn going to and

from school and also in school. In November there was a conference on the health of children's feet at the British Medical Association and it was clear that there was a concensus of opinion of those attending the conference, orthopaedic surgeons, local authority medical officers, representatives of shoe manufacturers and of the Ministry of Health, that the shoes of school children should be controlled and of an approved design. These are two factors in the present situation, principally the freedom with which young girls even at the age of seven can dictate to their parents the style of shoe that they wish to wear and consequently the resultant response of the shoe makers to the economic demand. The result is that the style and shape of girls' footwear is being adjusted to the adult type at an ever reducing age and there is an increasing difficulty in obtaining properly shaped shoes because the retailers do not stock them. In these circumstances it is a waste of the surgeons and clinic time to make any attempt to prevent hammer toes and hallux valgus. These deformities can be ameliorated by surgery but, since the style of footwear worn after operation is the same as it was before, the deformities can only recur. This same problem of footwear is occurring with older boys and I have no doubt that the age at which unsuitably shaped shoes are worn will decrease as it has done with girls. Our successors as orthopaedic surgeons are going to have a tremendous amount of work to do dealing with the future adults who are the present day children.

In spite of staffing difficulties the one section of work which is the most important, the treatment of infants born with foot deformities, has been able to be continued. There is a large amount of work involved even though the incidence of this condition is not very high, but any child born with a congenital foot deformity requires frequent and repeated manipulative treatment and close follow-up over a long period. It is my intention to concentrate on this side of the work and in the treatment of children under the age of five, at the expense of the schoolchild if staffing difficulties continue. My experience has been that if one can deal with weak feet and knock knees in very small children there is very little need for further treatment after the child has started school. The existence of weak feet and knock knees over the age of five becomes increasingly difficult to cure as the child grows

older, and in view of the shoe fashions mentioned previously, it is essential that any child arriving at school has developed normally. If we can continue to look after the under-fives, defects of this kind which a school child may develop, are more likely to be due to the footwear than continuing slow muscular development.

### STATISTICS FOR THE YEAR.

	School Health Service	Maternity and Child Welfare Service
<b>1. Attendances.</b>		
New Patients { Boys 396 } { Girls 313 } .....	709	285
Total number of Attendances at Suregons Clinics	1,865	698
Waiting List .....	—	—
<b>2. Discharges</b> .....	823	179
Admissions to Sanderson Orthopaedic Hospital	95	19
<b>3. Physiotherapy.</b>		
Total number of Attendances at Physiotherapy clinics .....	11,121	3,660
Remedial Exercises .....	6,246	541
Medical Electricity .....	2,321	161
Massage .....	5	—
Manipulations .....	1,644	1,383
Radiant Heat .....	15	—
Ultra Violet Light .....	34	4
Plasters .....	2	3
Home Visits .....	—	9
<b>Non Orthopaedic.</b>		
Chest Conditions: Patients .....	607	—
Treatments: (Asthma, Bronchitis, Bronchiectasis)	2,266	—
<b>4. Other Information.</b>		
Number of children requiring X-ray .....	95	69
Number of Surgical Appliances (supplied and maintained) .....	2,609	1,498

#### 4. Skin Clinics

The Clinic at East End continues to function satisfactorily, but the number of attendances at the Central Clinic have markedly dropped largely I think because of the difficulty of access owing to recent building operations.

I have only one clinical point to make and this of diagnosis of Eczema, which is relevant at the present time. I doubt if anyone really knows how prevalent true Eczema is—many cases are contact dermatitis in the sensitized person, and I feel perhaps that the diagnosis should be confined to the atopic patients.

Ringworm continues to be no problem at all.



The Senior Technician, Mr. Robson, tendered his resignation in June to take up work in Canada and his position has not yet been filled.

## Dental Inspections.

Nearly 38,000 children were examined in the schools and clinics during the year. This represents over 90% of the school population. Of this number nearly 50% were found to be in need of dental attention of one kind or another. All those found with dental defect were offered treatment and of this number 30% elected to have it carried out in the school clinics; a rise of 5% over last year.

## Treatment.

Figures for the conservation of both dentitions showed a marked improvement of 20% over last year's totals and the ratio of four permanent teeth filled to one extracted was the highest since the war.

Extractions were carried out mainly under general anaesthesia and the daily emergency "gas sessions" at the Central Clinic were fairly well attended.

In addition to fillings and extractions some five and a half thousand other operations, including the fitting of crowns, inlays, dentures and orthodontic appliances, were undertaken.

X-ray diagnosis and all work requiring laboratory facilities was undertaken at the Central Clinic, while arrangements with the Ambulance Service worked smoothly.

Several patients were referred to the Sutherland Dental Hospital for advice on treatment during the year but these were mostly for consultant opinion on regulation cases.

Figures for the year are appended.

### (a) Dental and Orthodontic work.

(i) Number of pupils inspected by the Authority's Dental Officers:—		
(a) At Periodic Inspections .....	35,475	
(b) As specials .....	2,413	
		37,888
(ii) Number found to require treatment .....		20,570
(iii) Number offered treatment .....		25,237
(iv) Number actually treated .....		5,884



(b) Dental work (other than Orthodontics).		
(i) Number of attendances made by pupils for treatment, excluding those recorded at (c)(i) below .....		21,072
(ii) Half days devoted to—		
(a) Periodic (School) Inspections .....	469	
(b) Treatment .....	2,936	
		3,405
(iii) Fillings—		
(a) Permanent Teeth .....	8,821	
(b) Temporary Teeth .....	3,428	
		12,249
(iv) Number of Teeth Filled:		
(a) Permanent Teeth .....	7,456	
(b) Temporary Teeth .....	2,723	
		10,179
(v) Extractions:		
(a) Permanent Teeth .....	1,853	
(b) Temporary Teeth .....	4,763	
		6,616
(vi) (a) Number of general anaesthetics given for extractions .....		2,754
(b) Number of half days devoted to the administration of general anaesthetics by:		
(a) Dentists .....	0	
(b) Medical Practitioners .....	190	
		190
(vii) Number of pupils supplied with artificial teeth .....		55
(viii) Other operations:		
(a) Crown .....	11	
(b) Inlays .....	4	
(c) Other Treatment .....	5,668	
		5,683
(c) Orthodontics:		
(i) Number of attendances made by pupils for orthodontic treatment .....		1,792
(ii) Half days devoted to orthodontic treatment .....		477
(iii) Cases commenced during the year.....		158
(iv) Cases brought forward from the previous year .....		364
(v) Cases completed during the year .....		30
(vi) Cases discontinued during the year .....		18
(vii) Number of pupils treated by means of appliances .....		382
(viii) Number of removable appliances fitted .....		394
(ix) Number of fixed appliances fitted .....		3
(x) Cases referred to and treated by Hospital Orthodontics .....		3

## HANDICAPPED PUPILS.

The work of the Service in connection with Handicapped Pupils has proceeded on similar lines to those of former years and there is little in particular to report.

The Child and Family Guidance Service was initiated with the appointment of a Senior Educational Psychologist and an Honorary Consultant Psychiatrist in the closing months of 1963. This Service is firmly establishing itself and becoming more and more useful to parents, teachers and children. Provision for retarded children in



### Children provided for under Section 80, Education Act, 1944.

Number of pupils being assisted by a grant in aid on medical recommendation..... 3

The numbers of pupils awaiting admission to Special Schools at the end of the year were:—

Day Special Schools..... 26  
Residential Special Schools..... 20  
Remedial Classes ..... 43

### B. NUMBERS OF PUPILS BEING EDUCATED IN SPECIAL SCHOOLS AT THE END OF 1964.

Category	Nursery	Day	Residential	Grammar
Blind .....	—	4	2	2
Partially Sighted .....	—	20	—	—
Deaf .....	7	22	4	1
Partial Hearing .....	—	10	—	—
Educationally Subnormal .	—	131	38	—
Epileptic .....	—	3	5	—
Maladjusted .....	—	16	19	—
Physically Handicapped ...	—	73	7	—
Delicate .....	—	68	7	—

Number of children receiving education in Hospitals 89  
Number of children receiving full-time Education at 'Tiverlands' Child Guidance Clinic ..... 18  
Number of children receiving education at Stannington Hospital School ..... 20

## 4. Periodic Review of Handicapped Pupils.

### NUMBERS OF PUPILS REVIEWED PRIOR TO FINAL EXAMINATION

Category	Number Reviewed
Blind .....	7
Partially Sighted .....	9
Deaf .....	3
Partial Hearing .....	4
Educationally Subnormal .....	161
Epileptic .....	3
Maladjusted .....	35
Physically Handicapped .....	49
Delicate .....	201

As a result of these examinations the following variation of recommendation was made:—

Return to Ordinary School .....	13
Notified to Local Health Authority as no longer suitable for education in school.....	15
Transferred from Day to Residential School	3
Transferred from Remedial Class to Day Special School .....	3
Children notified to Local Health Authority as unsuitable for education in school:—	
Prior to school entry .....	10

## 5. Final Examinations.

### PUPILS EXAMINED ON REACHING STATUTORY LEAVING AGE.

Category	Number Examined
Blind .....	—
Partially Sighted .....	2
Deaf .....	2
Partial Hearing .....	4
Educationally Subnormal .....	51
Epileptic .....	1
Maladjusted .....	5
Physically Handicapped .....	3
Delicate .....	7

## SPEECH THERAPY.

Early in the year Mrs. S. Gilmour left the Service and was not replaced until September by Miss C. Bott, who is employed for five sessions per week, and the remaining sessions by the Percy Hedley School for Spastic children. She continues to give Speech Therapy in the Special Schools.

The numbers of children treated were as follows:—

Number of Treatments given .....	464
New Cases .....	14

## COMMUNITY DISEASE AND ITS PREVENTION.

### 1. General Review.

Climatic variations throughout the seasons of the year were not exceptional. In the closing months of the year sporadic cases of Infective Hepatitis, in different parts of the City, attracted attention. This infection affected the region rather than the City.

### 2. Numbers of Children Affected.

#### (i) Notifiable Disease.

The numbers of children notified to the Health Department as suffering from notifiable diseases were as follows:—

#### NOTIFIABLE DISEASES.

Disease	5—14 years
Measles .....	368
Rubella .....	103
Scarlet Fever .....	63
Pneumonia .....	—
Acute Rheumatism .....	2
Whooping Cough .....	25
Dysentery .....	28
Meningococcal Infection .....	—
Food Poisoning .....	3
Pulmonary Tuberculosis .....	5
Other Forms of Tuberculosis .....	—

#### (ii) Contagious Skin Disease.

The numbers of pupils known to have suffered were as follows:—

Impetigo.....	99
Scabies .....	16
Ringworm—Scalp .....	1
Body.....	4

### 3. Preventive Measures.

#### (i) Poliomyelitis.

The numbers of pupils protected against Poliomyelitis were as follows:—

	5—15 years	Over 15 Years
Oral Polio Vaccine .....	2,509	42

**(ii) Diphtheria.**

Pupils have been protected against Diphtheria as follows:—

	Primary	Booster
Diphtheria only .....	214	964
Diphtheria and Tetanus .....	1,345	1,543
Triple (Diphtheria, Whooping Cough and Tetanus) .....	35	19

**(iii) Other Forms of Protection.**

Tetanus .....	243
Yellow Fever .....	132
Smallpox—Primary .....	10
Revaccination .....	1

A direction has been received from the Ministry of Health urging Local Authorities to undertake the revaccination of pupils.

**(iv) Tuberculosis.****(a) TUBERCULIN TESTING.**

	Age Groups		
	5 yrs.	10 Yrs.	12 Yrs.
No. of parents to whom circulars were sent .....	5,626	3,658	3,198
No. of children for whom consent was received.....	4,818	3,278	2,599
No. of children Tested and Read .....	4,527	3,157	2,142
Grading of Reactions obtained: ...1	379	218	154
2	206	132	83
3	74	59	66
4	25	57	40

**(b) B.C.G. VACCINATION.**

Pupils received B.C.G. Vaccination as follows:—

Numbers protected in—

Maintained Schools .....	1,929
Independent Schools .....	464

During the year the Cathedral Choir School was added to the list of Independent Schools co-operating in this Scheme.

**(c) PERIODIC X-RAY OF TEACHING STAFF.**

Number of teaching staff for whom an annual chest X-ray was arranged .....	834
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**(d) X-RAY OF TEACHING STAFF ON APPOINTMENT.**

Number of X-ray examinations arranged for teachers appointed to the staff .....	314
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**VII—Report of the  
CHIEF  
PUBLIC HEALTH INSPECTOR**

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# ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1964.

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CHIEF PUBLIC HEALTH INSPECTOR :

L. MAIR, F.R.S.H., F.A.P.H.I.

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR

A. P. ROBINSON, M.R.S.H., F.A.P.H.I.

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DIVISIONAL INSPECTORS :

Districts (General)	...	...	...	D. HARWOOD, M.A.P.H.I.
Food Inspection and Control...	...	...	...	G. F. PHILLIPS, F.A.P.H.I.
Housing and Smoke Control Survey...				( <i>Vacant</i> ).

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PUBLIC HEALTH INSPECTORS WITH SPECIAL RESPONSIBILITIES :

Administration	...	...	...	W. F. MANDLE, M.A.P.H.I.
West Division	...	...	...	M. G. WINTRINGHAM, D.P.A.
Central Division	...	...	...	A. IBBITSON, M.A.P.H.I.
East Division	...	...	...	T. McCOWIE, M.A.P.H.I.
Food Inspection and Control...	...	...	...	S. HOLLIDAY, M.A.P.H.I.
Housing	...	...	...	J. G. SIMPSON, M.A.P.H.I.
Smoke Control Survey	...	...	...	L. SMALLEY, M.A.P.H.I.

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INSPECTORATE :

District Public Health Inspectors	...	18	(6 vacancies, 4 of which are filled temporarily by Technical Assistants).
Public Health Inspectors (Food Inspection and Control)	...	3	(1 vacancy).
Pupil Inspectors	...	10	(2 vacancies).

## AUXILIARY STAFF:

General Assistants	...	...	...	2
Technical Assistants	...	...	...	8
Authorised Meat Inspectors	...	...	...	5 (3 vacancies).
Trainee Meat Inspectors	...	...	...	3
Smoke Control Investigators	...	...	...	6 (3 vacancies).
Rodent Control Staff	...	...	...	10 (1 vacancy).
Slaughterhouse Labourer	...	...	...	1

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## ADMINISTRATIVE SECTION:

Senior Administrative Assistant	...	...	...	...	W. H. CARTWRIGHT.
Clerks	...	...	...	...	14 (including 2 temporary clerks).
Shorthand Typists	...	...	...	...	2

## INTRODUCTION

There might be an element of imprudence in attempting a critical appraisal of the year past, before the passage of time has mellowed the observer's judgment thus allowing perspective and proportion duly to influence an objective evaluation of the relative importance of events. Be that as it may, a retrospective look at 1964 from the vantage point of early 1965 indicates that the period was one of challenge, change, and frustration overlying a basic stratum of modest but steady progress in the field of environmental health.

From an administrative point of view perhaps the most memorable event was the transfer of the Department from the old Town Hall to the Civic Centre, a move which had been awaited for so many years. Within the Town Hall had been enacted almost a century of public health administration and the pioneer efforts of our predecessors in that field achieved immense progress and improvements; much greater, it might be said, than is likely to be secured in the next succeeding hundred years. The departure from the much maligned Town Hall was therefore not without a certain feeling of regret; it represented the close of a long and stirring chapter in the history of local government in this City, and the atmosphere of history and tradition which pervaded the old Health Department could not, unfortunately be transferred with the personnel and office equipment. That working conditions are more hygienic and pleasant in the Civic Centre is beyond dispute but whether the new arrangements will add convenience and increased efficiency is a matter which will become evident in the fulness of time.

At the close of 1963, the smoke control programme had entered a phase of uncertainty and inactivity and very little real progress had been made a year later. Nevertheless, although the programme was slowed it was not halted, and Newcastle can still include itself among those comparatively few northern local authorities with active smoke control programmes in operation even though our City can no longer claim to lead the north-east in this vital health protection project. The call for clean air is unanimous; not a single voice is raised in favour of living in a smoke-filled atmosphere. Yet how quickly can the importance of clean air and the freedom from respiratory troubles recede when the unavoidable consideration of cost obtrudes. In a city noted for ambitious

progress perhaps it would not be setting sights too high to aim at being the first smokeless major city in the country, an achievement which would not only lend a note of distinction to the Novocastrian but, much more important, would benefit his children and their successors by reducing the ravages of bronchitis in the years to follow.

In the field of food inspection and control a major problem was to maintain a 100% inspection of all meat produced in the twenty-three slaughterhouses in the City. This aim was not, in fact, achieved because of the release of 212 sheep prior to inspection early on a Sunday morning in March. This unfortunate occurrence arose from a delay caused by transport difficulties for the inspector on duty that morning, and serves to illustrate the very narrow working margin available in operating a 100% meat inspection service. Despite the complications of early morning and late night duties, weekend rotas and shortage of meat inspection staff, on all other occasions all carcasses and offals were inspected as required by the Regulations, but behind the meat inspection statistics dealt with later in this report there lies a hidden picture of hard work, day to day improvisations and unremitting effort.

In mid 1964 the department was involved in a brief but troublesome activity when, at the request of the Ministry of Health, tins of certain brands of corned beef bearing specified code marks were withdrawn from sale. As our City is the centre of a large distributive trade, the search for and detention of the incriminated tins was no mean task and further reference is made to "Operation Corned Beef" later in this report.

An unhappy sequel to this operation occurred at the end of the year, when it was thought that a quantity of "suspect" tins had been accidentally released for distribution. The press, television and radio interests did not fail to invest this unfortunate incident with a generous measure of drama and sensation, although it was ultimately established that any alarm and anxiety had been unnecessary. However, as the main circumstances of this event developed in the beginning of 1965, fuller details will be included in next year's report.

An event of major importance to the welfare of the worker was the operation of the Offices, Shops and Railway Premises Act 1963,

virtually all of the provisions of which were brought into operation during the year. Over the years there has been a steady increase in the proportion of the total national labour force engaged in clerical work and in the retail and distributive trades but not until 1964 was this large body of employees offered health and welfare protective legislation comparable with that enjoyed by the manual worker for much longer than half a century.

There are probably some 10,000 premises in our City to which this new legislation applies and although at this early stage precise figures are not available it is not unlikely that up to 100,000 persons are employed therein, including a very large proportion who travel daily into the city from outside our boundaries. The work of surveying these premises on the basis of the provisions of the Act of 1963 commenced towards the end of the year under consideration and an account of the progress made is referred to in detail later in this report.

Housing work in general, and the multi-occupied house in particular presented no kind of problem not previously encountered but the overall picture is far from satisfactory. Nevertheless, the wider powers contained in the Housing Act 1964 relating to houses in multiple occupation and the compulsory improvement of certain classes of dwellings, should help to relieve some of the worst features of the situation which existed at the end of the year.

Although the phrase "slum clearance" is not mentioned anywhere in housing legislation it is an expression usually applied to the demolition of squalid and grossly insanitary houses, an operation in this City which is virtually completed. Nevertheless, there still remain many thousands of dwellings which, although not necessarily squalid, insanitary or unfit for human habitation cannot, by mid-twentieth century standards, be deemed to be reasonably suitable for habitation in their present condition. The terms of the Housing Acts within which the definition of unfitness is restricted are no longer adequate to deal with these unsatisfactory dwellings and it is encouraging to note that at the end of the year there were moves afoot at Ministerial level, to deal with the urgent problem of defining more satisfactory criteria of unfitness. It is to be hoped that any new definition of unfitness will incorporate a reference to unsatisfactory structural arrangement, a feature very common to houses in this north east region.

It is obvious that during 1964, much was accomplished in the sphere of environmental public health but it is even more obvious to a forward-looking sanitarian that immense tasks still lie ahead. It is hoped that 1965 will provide the means and policy to tackle these outstanding matters effectively.

### HOUSING ACTS 1957 — 1964

As mentioned in my last report, slum clearance proper has reached a stage which might be regarded as merely a "mopping up" operation. No large areas of truly slum houses remain and at the end of the year housing inspections for the purpose of clearance were being phased, both chronologically and geographically, so as to fit in with the planning requirements of the Housing Programme 1963-1981. This policy has unavoidably resulted in a vastly increased amount of work in relation to the number of unfit houses dealt with by way of official representations but it is recognized that the proportion of 'pink' houses in future areas subject to compulsory purchase orders will inevitably diminish. Only when the statutory standards of unfitness, as provided for in the Housing Act 1957, are widened in scope will the numerous houses in the City which are at present obviously *unsuitable* for human habitation be deemed to be *unfit* for habitation and be capable of being dealt with on that basis.

The increasing volume of inspectorial work unfortunately coincided with an acute shortage of staff. The staff of the Housing Section during the first half of the year comprised only three inspectors, two of whom had to be seconded to meat inspection duties from time to time. The commanding lead over the scheduled slum clearance programme which had been established during 1963 soon began to diminish and to cope with the staffing situation, it was necessary to appoint a number of suitably qualified technical assistants for inspection and survey work. Four such officers were appointed and after suitable preliminary training were soon coping with an arrears of work to such good effect that at the end of the year the department was still 0.7% ahead of the scheduled programme so far as official representations were concerned, compared with a lead of 4.0% at the end of 1963.

During the year inspections were completed in the following areas:— Brandling Place, Rochester Street, Sandyford Road,

Walker Road, New Mills and Gloucester Street — Maple Terrace, and most of these areas formed the subject of official representations as indicated in the statistical summary below.

As would be expected there was a substantial reduction in the number of unfit houses represented during 1964, which, including individual unfit dwellings, totalled 308 as compared with 717 during 1963. There were, however, the greatest number of public inquiries held into the confirmation of compulsory purchase orders since prewar years and in connection with these inquiries as many as 57% of the houses were the subject of formal objections, many of which, it is submitted, were quite unjustified. Nevertheless, the work involved in the preparation of the principal grounds of unfitness and the formulation of data and evidence, was very considerable, and in the majority of cases unnecessary, as only a minority of the objectors pursued their objections at the inquiry stage.

Nevertheless, despite the continuing high proportion of objections, in only seven instances in respect of 474 houses, did the Minister disagree with the Corporation's submissions that all of these houses were unfit for human habitation. In other words, the department's assessment of unfitness operated with an accuracy of 98.8% in relation to anticipated Ministerial opinion, a figure which might indicate that all is well. Such however, is not necessarily the case. An assessment of fitness should be based on the facts found upon inspection of the house and should not be influenced by any consideration of whether or not the Minister may agree with that assessment. In view of the rising standards of housing conditions in the City it may well be that houses which, in the past have just escaped being classified as unfit, may, in the future, be deemed to be "pink" for purposes of the Housing Act 1957. It will be interesting to observe whether the present high accuracy in assessing unfitness will be maintained in the future.

Orders confirmed by the Minister during the year comprised 635 houses, although it is regrettable to record that confirmation of the Melbourne Street C.P.O., the public inquiry in respect of which was held in June, 1963, was still awaited at the end of the year.

The following tables show in statistical form the work carried out by the Housing Section during the year:—

*Represented to the Health and Social Services Committee —*

	Houses.	Families.	Persons.
(a) Unfit Houses in Areas :			
Rochester Street C.A. ... ..	17	29	102
Loadman Street C.A. ... ..	97	185	525
Walker Road (St. Anthony's) C.A. ...	37	69	211
New Mills C.A. ... ..	21	29	70
Gloucester Street—Maple Tce. C.A.	63	108	392
(b) Individual Unfit Houses: ... ..	73	163	406
Totals ... ..	<u>308</u>	<u>583</u>	<u>1,706</u>

*Orders Made —*

	Houses.	Families.	Persons.
(a) Violet Street C.P.O.			
Clearance area ... ..	132	257	868
Added lands ... ..	48	77	256
(b) Gloucester Street C.P.O.			
Clearance area ... ..	39	124	402
Added lands ... ..	48	100	304
(c) Leazes C.P.O.			
Clearance area ... ..	89	140	325
Added lands ... ..	7	8	21
(d) Raby Street C.P.O.			
Clearance area ... ..	71	131	334
Added lands ... ..	15	21	54
(e) Villa Place C.P.O.			
Clearance area ... ..	55	67	225
Added lands ... ..	1	1	3
(f) Albion Row C.P.O.			
Clearance area ... ..	117	231	681
Added lands ... ..	6	10	27
(g) Scotswood Road (Dean Tce.) C.P.O.			
Clearance area ... ..	7	16	53
(h) Mary Street C.P.O.			
Clearance area ... ..	85	154	445
Added lands ... ..	11	19	57
(i) Denmark Street C.P.O.			
Clearance area ... ..	19	36	94
Added lands ... ..	2	1	3
(j) Loadman Street C.P.O.			
Clearance area ... ..	97	185	525
Added lands ... ..	18	22	58
(k) Individual Unfit Houses.			
(i) Demolition Orders ... ..	24	46	119
(ii) Closing Orders (Part) ... ..	20	20	83
(iii) Closing Orders (Whole) ... ..	22	58	142
Totals ... ..	<u>933</u>	<u>1,724</u>	<u>5,079</u>



<i>Orders Confirmed by Minister —</i>				Houses.	Families.	Persons.
(a) Parker Street C.P.O.						
Clearance area	...	...	...	294	747	2,145
Added lands	...	...	...	110	173	450
(b) Mill Lane C.P.O.						
Clearance area	...	...	...	106	206	636
Added lands	...	...	...	15	25	63
(c) Greenhow Terrace C.P.O.						
Clearance area	...	...	...	21	34	86
Added lands	...	...	...	4	3	12
(d) Gloucester Street C.P.O.						
Clearance area	...	...	...	38	118	374
Added lands	...	...	...	47	99	303
			Totals	635	1,405	4,069

<i>Undertakings given—</i>				Houses.	Families.	Persons.
To close or demolish:						
(i) Part of a house	} not included in the above	...	...	1	1	4
(ii) Whole house		...	...	11	26	32
			Totals	12	27	36

## Houses in Multiple-Occupation.

During the first months of 1964 the department continued to deal with houses in multiple-occupation on a sporadic basis, following generally, the principle of dealing with the worst houses first. Whilst living conditions in such houses were undoubtedly improved as a result of the department's activities, the procedure was not without disadvantages. Consequently, near the middle of the year it was decided to concentrate on a selected area comprising houses in multiple-occupation, and endeavour, by use of the Housing Acts 1961-1964 not only to improve the houses themselves, but in so doing, raise the residential standard of the neighbourhood generally. The area selected, which contained some 100 houses in multiple-occupation, included Malvern Street, Crown Street and Grove Street, situated immediately adjacent to the Mill Lane Clearance Area.

At all times, at least one inspector was engaged on the work of inspection, preparation of schedules of work, the service of notices and the supervision of the execution of work carried out, both by the respective owners and the Corporation in default, and before the end of the year it was becoming increasingly clear that any

improvement in living conditions achieved was not commensurate with the time and effort expended by the inspectorial staff. After the service of the requisite notices, every opportunity was grasped by the owner to apply delaying tactics to the execution of the work and when, in due course, work was carried out, the standard was abysmally low.

Perhaps the most discouraging feature to emerge from this experiment has been the unco-operative and hostile attitude of both owners and tenants. In many cases, both resent the intrusion of the local authority into the use and occupation of their particular houses in multiple-occupation and apathy and obstruction render the task of the department in this field discouragingly fruitless.

Many of the houses in the area in question are owned by bad landlords and occupied from time to time by bad tenants. The bad landlord lets a particular holding at such an exorbitant rent that only a bad tenant, who has no intention of continuing to pay the rent, will take over the tenancy. Very soon the tenant ceases to pay rent and in due course, perhaps after some months, the landlord succeeds in obtaining possession. This deplorable sequence of events results in the tenant having occupied that particular dwelling at a very low average weekly rental and on leaving makes room for another incoming bad tenant, which, in effect results in a sort of rough justice as a bad landlord deserves the tenant he gets. Happily such a state of affairs is confined to a small minority of multi-occupied houses when the City is taken as a whole but, nevertheless, it seems doubtful if present legislation and procedure is likely to provide a lasting and satisfactory solution to this social problem. At best, multiple-occupation can be regarded only as a temporary expedient to ameliorate a housing shortage and the vast majority of tenants in such houses find irksome the lack of privacy, the sharing of amenities and the generally congested conditions associated with this way of living.

The following table summarises in statistical form the action taken during the year :—

Number of inspections of houses	...	...	...	715
Number of houses reported to Committee for action...				112
Notices Served :				
(i) Housing Act 1961	...	...	...	43
(ii) Housing Act 1957 (Sec. 90)	...	...	...	12
Directions given <i>re</i> overcrowding	...	...	...	3
Number of houses forming part of prosecution			...	1
Number of houses where work was carried out in default				3

## Unfit Houses — Demolitions and Closures.

During the year 640 houses were demolished or closed as compared with 692 during 1963. These unfit premises comprised the following :—

	<i>Houses.</i>
Clearance areas ... ..	450
Individual Unfit Houses ... ..	77
On undertakings by owners (not in clearance areas) ...	26
On certificates of unfitness (Corporation properties) ...	87
	<hr style="width: 100%; border: 0.5px solid black;"/>
	640
	<hr style="width: 100%; border: 0.5px solid black;"/>

## Unfit Houses — Rehousing.

There was a slight increase in the number of families rehoused from dwellings during 1963, the total being 1,158 as compared with 1,085 during the previous year. Details of rehoused families are as under :—

	<i>Families.</i>
Clearance areas ... ..	883
Individual Unfit Houses ... ..	99
On undertakings by owners (not in clearance areas) ...	30
On certificates of unfitness (Corporation properties) ...	146
	<hr style="width: 100%; border: 0.5px solid black;"/>
	1,158
	<hr style="width: 100%; border: 0.5px solid black;"/>

## RENT ACT 1957

This Act has proved over the years to be a disappointing measure in many ways and on only infrequent occasions is advantage taken of it by tenants of controlled dwellings. Tenants are reluctant to use any such legislation which might necessitate the service of a notice upon the landlord. They prefer to allow the local authority to deal with disrepair, not realising that powers in this direction are strictly limited by the provisions of the Public Health and Housing Acts to those defects which cause a house to be “prejudicial to health” or “unfit for human habitation.” If the intention of the Rent Act was to prevent a deterioration of our present stock of houses it is felt that some other means must be found to enforce “good repair” as distinct from dealing with unfitness associated with health. As will be seen from the statistical summary below the amount of work carried out under the Act during 1964 fell considerably as compared with former years.

*Certificates of Disrepair :*

Number of Applications for Certificates ... ..	6
Certificates refused ... ..	1
Applications withdrawn ... ..	—
Undertakings received (Form K) ... ..	4
Certificates of Disrepair issued ... ..	5
Decisions pending ... ..	—

*Cancellation of Certificates of Disrepair :*

	1954 Act Certificates.	1957 Act Certificates.	Total.
Number of Applications for revocation or cancellation of Certificates of Disrepair .....	1	8	9
Certificates revoked or cancelled .....	1	6	7
Cancellation refused .....	—	2	2
Decisions Pending .....	—	—	—
Certificates remaining extant .....	188	259	447

*Certificates of Disrepair—Position as at 31st December, 1964 :*

	1954 Act.	1957 Act.	Total.
Number issued .....	542	432	974
Number revoked or cancelled .....	354	173	527
Number remaining in force (as in register)	188	259	447

## PUBLIC HEALTH ACTS 1936 — 1961

### Nuisances.

During the year there was a substantial fall in the number of complaints received in the department relating to conditions constituting a nuisance. The figure was 2,441 compared with 3,757 during 1963. Undoubtedly this happy situation arises from the large scale clearance of unfit dwellings in slum areas. Only four of these complaints related to noise nuisances, all of which were dealt with successfully by informal action. The ready co-operation of the occupiers of the premises from which these nuisances emanated was greatly appreciated.

*Statutory Notices Served :*

(a) Public Health Acts 1936-1961 .....	799
(b) Corporation Act, 1935 .....	266
(c) Final letters sent .....	136

*Legal Proceedings :*

Hearings pending at the end of 1963 .....	7
Informations laid .....	28
Summonses withdrawn (nuisances abated) .....	14
Nuisance Orders made .....	6
Hearings pending at end of year .....	10

## Places of Public Entertainment.

Although there was a further increase during the year in the number of bingo halls from seven to 13 there was also an increase of two cinemas. All of the premises listed below were the subject of 99 routine inspections, a figure which is quite inadequate to ensure the maintenance of completely satisfactory hygienic conditions in these premises.

Billiard Halls ... ..	4
Bingo Halls ... ..	13
Bowling Alleys ... ..	1
Boxing and Wrestling Halls... ..	1
Cricket Grounds ... ..	2
Concert Halls ... ..	1
Cinemas ... ..	16
Dance Halls ... ..	8
Football Grounds ... ..	1
Greyhound Stadiums ... ..	1
Lawn Tennis Clubs ... ..	1
Music Halls ... ..	1
Theatres ... ..	4

## Offensive Trades.

There was a small reduction at the end of the year in the number of offensive trades when a size maker ceased operation and one hide and skin dealer's premises were closed. The position at the end of the year was as follows:—

<i>Trade</i>	<i>No. of Trades.</i>	<i>No. of Premises.</i>
Bone Boiler ... ..	4	1
Fat Extractor ... ..		
Fat Melter ... ..		
Glue Maker ... ..		
Soap Boiler ... ..	1	1
Hide and Skin Dealer ... ..	2	2
Fell Monger ... ..		
Tripe Boiler ... ..	2	2
Gut Scraper ... ..	2	1
Fat Melter ... ..		
Totals ... ..	10	7

## Tents, Vans and Sheds.

There was a substantial drop in the number of caravans and families who took up residence on the Town Moor in June of 1964 in connection with the annual Temperance Festival Week. In all

there were 388 caravans, housing 356 families comprising 1,134 persons, the lowest numbers accommodated for many years. Fortunately there was also a corresponding fall in the number of caravans illegally occupying the portion of the Moor to the north of the authorised fairground site. These "pirates" comprised 90 caravans, housing 67 families who were segregated to an area of the Moor 150 yards west of the public sanitary accommodation on the Grandstand Road boundary. If the purpose of this policy of segregation was to achieve an improvement in the site conditions it was not successful as once more these dwelling were not provided with sanitary accommodation, water supplies or refuse collection services, the ultimate result being that this portion of the Moor was littered with refuse and scrap metal of all kinds and the Grandstand Road public conveniences left in a filthy condition after the departure of these unauthorised van dwellers. Only the prompt services and attentions of the Cleansing Department staff kept these conveniences in a clean condition, but once more it must be stated that steps should be taken to prevent this illegal occupation of the Moor during Festival Week.

The difficulties regularly created by members of unauthorised caravans stationed in Union Road and Waverdale Avenue sites did not recur during the year. Although there was no obvious explanation for this welcome state of affairs it is hoped that this longstanding problem in these areas has now been resolved.

### **Common Lodging Houses.**

Regular routine visits to the one and only common lodging house in the City at the Salvation Army Men's Hostel in Pilgrim Street showed that the satisfactory standard of maintenance always found in these premises continued throughout the year.

### **New Buildings and Alterations.**

During the year 1,204 plans were submitted to the department by the City Engineer for examination and comment before being considered for byelaw approval. Various recommendations were made in respect of many of these submissions concerning requirements relating to Food Hygiene Regulations, Factories Acts, Offices, Shops and Railway Premises legislation and other matters falling within the province of the department.

## Disinfestation (Slum Clearance).

The disinfestation of household effects prior to removal into Council houses from unfit houses was continued throughout the year and 893 such cases were dealt with. This work involved the spraying of 2,332 rooms and the disinfestation of bedding on 73 occasions. Most of the houses dealt with were in the Thornborough Street, Molineux Street and Parker Street Clearance Areas.

## Disinfestation (General).

In addition to the premises disinfested in connection with slum clearance removals the following premises were also dealt with during the year, *viz.*, 303 houses, 10 schools, one public house, two fire stations, one men's hostel, one railway station and four business premises. This work involved the use of 107 lbs., of insect powder 662 "Gammexane" smoke generators and 188 gallons of liquid insecticide.

The following table shows the various types of insects which were dealt with during the year, from which it will be seen that cockroaches are markedly increasing their majority over other insects in the world of entomology.

### *Premises Disinfested.*

158	were infested with cockroaches.
13	were infested with Golden Spider Beetles.
47	were infested with fleas.
3	were infested with lice.
48	were infested with bugs.
6	were infested with wasps.
5	were infested with flies.
9	were infested with Clover Mite.
4	were infested with Wood Boring Beetles.
7	were infested with other insects.

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Total ... 300

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## Water Supply.

During the year the amount of water held at the company's reservoirs was at all times ample in quantity for all needs. Samples were taken weekly for bacteriological examination from mains sampling points and domestic taps in the City and the results of these samples again caused some concern, both to the department and to the water undertakng. A total of 346 samples were submitted to the Public Health Laboratory and of these 12 were reported to be suspicious and 37 unsatisfactory. It is imperative,

however, to emphasise that these results did not suggest that the quality of water was in doubt, as a prolonged and thorough investigation into the causes of the unsatisfactory results ultimately established that the water at all times was of excellent quality. This special investigation continued throughout most of the year and involved the experimentation with various types of sampling bottles. It was ultimately established that the previous unsatisfactory results had to be accepted as due to the use of an unsatisfactory type of sampling bottle and a retrospective analysis of all the results indicated that the bacteriological quality of the water supply of the Newcastle and Gateshead Water Company has never fallen below the standard officially recommended by the Ministry of Health. It can be confidently anticipated that the number of suspicious or unsatisfactory samples contained in next year's Annual Report will be very much lower than hitherto and the residents in our City can rest assured that their water supply has been and will continue to be of the highest potable quality.

Throughout the year the Public Analyst continued to take four samples each month for chemical examination and in every case he reported that the water was of satisfactory organic purity, it was not likely to have plumbo-solvent action and was in every way satisfactory in quality and suitable for the public supply. At the end of the year the position in relation to the supply of water for domestic purposes was as follows:—

(a) Number of dwelling houses	...	...	...	86,885
(b) Population supplied from public mains—				
(i) direct to dwelling houses	...	...	...	260,750
(ii) from stand pipes...	...	...	...	nil.

#### BACTERIOLOGICAL EXAMINATION OF WATER

	Class 1 Highly Satis- factory	Class 2 Satis- factory	Class 3 Suspicious	Class 4 Unsatis- factory	Number Taken
Mains Sampling Points .....	135	22	7	21	185
Domestic Taps...	124	16	5	16	161
TOTALS .....	259	38	12	37	346



## Public Swimming Baths.

During the year there was an increase in the number of swimming baths in the City. Three additional baths had been provided, one at Montagu Estate, one at St. Augustine's Secondary School, Westbourne Avenue, and one in the Kenton Comprehensive School. There are now 18 swimming baths, 13 for the use of the public and five attached to schools. In all cases the water is supplied from the mains and is subjected to "break point" chlorination treatment. All bath waters are changed by re-circulation and were regularly sampled during the year for bacteriological examination and to estimate the amount of free chlorine and pH value. In all, 38 visits were paid to swimming baths for the purpose of obtaining 76 samples which were submitted to the Public Health Laboratory and all of which proved to be class 1, *i.e.*, excellent.

### BACTERIOLOGICAL EXAMINATION

Class 1 Q b.coli.	Class 2 1—3 b.coli.	Class 3 4—10 b.coli.	Class 4 10+ b.coli.	Total
76	—	—	—	76

### RESIDUAL CHLORINE AND pH VALUE TESTS

Chlorine p.p.m.	pH VALUE								TOTAL
	7.0	7.1	7.2	7.3	7.4	7.5	7.6	over 7.6	
0.5					1				1
1.1				1					1
1.2					1	1			2
1.3									Nil
1.4						1			1
1.5					1	1			2
1.6					1	1			2
1.7									Nil
1.8		1		1	5			1	8
1.9									Nil
2.0	4	1		4	1		3		13
Over 2.0	1		1	1	1	4			8
TOTALS	5	2	1	7	11	8	3	1	38





6.	Under other Miscellaneous Acts, Orders and Regulations:	
(a)	Burial Act 1857 (Exhumations) ... ..	11
(b)	Merchandise Marks Act ... ..	14
(c)	Hairdressers (Corporation Act 1956) ... ..	260
(d)	Tents, vans and sheds (Caravan Sites and Control of Development Act 1960 and Corporation Act 1926) ...	50
(e)	Corporation Act 1935 (drains, etc.) ... ..	520
(f)	Pet Animals Act 1951 ... ..	53
(g)	Riding Establishments Act ... ..	2
(h)	Animal Boarding Establishments Act 1963 ... ..	5
(i)	Prevention of Damage by Pests Act 1949 ... ..	12,472
(j)	Pharmacy and Poisons Act 1933 ... ..	19
(k)	Noise Abatement Act 1960 ... ..	54
(l)	Rag Flock and Other Filling Materials Act 1951 ... ..	56
		67,993

## ATMOSPHERIC POLLUTION

### Measurement.

It will be seen from the accompanying graph and table that though the relative concentrations at each measuring station have maintained the same pattern as last year the actual concentration of smoke at each station has increased and consequently there has been a regrettable increase in the smoke concentration over the City as a whole. These figures are virtually the same as those for 1962 and it is therefore a matter for concern to report that the marked improvement which occurred in 1963 has not been maintained. However, the sulphur dioxide concentrations at each station have diminished and a thorough examination of the weather conditions, wind directions and other relevant events of 1964 has failed to afford any explanation for the increase in smoke and the decrease in sulphur dioxide. It has been emphasised that any appraisal of the pollution of the atmosphere in any given district must be viewed in the very long term, as a single year's figures by themselves are of little value. It has been suggested that a period of at least five years should be examined before it can be assumed that a trend has been established and one can only hope that the results of 1964 are an inexplicable and unaccountable exception to the general trend towards a cleaner atmosphere.

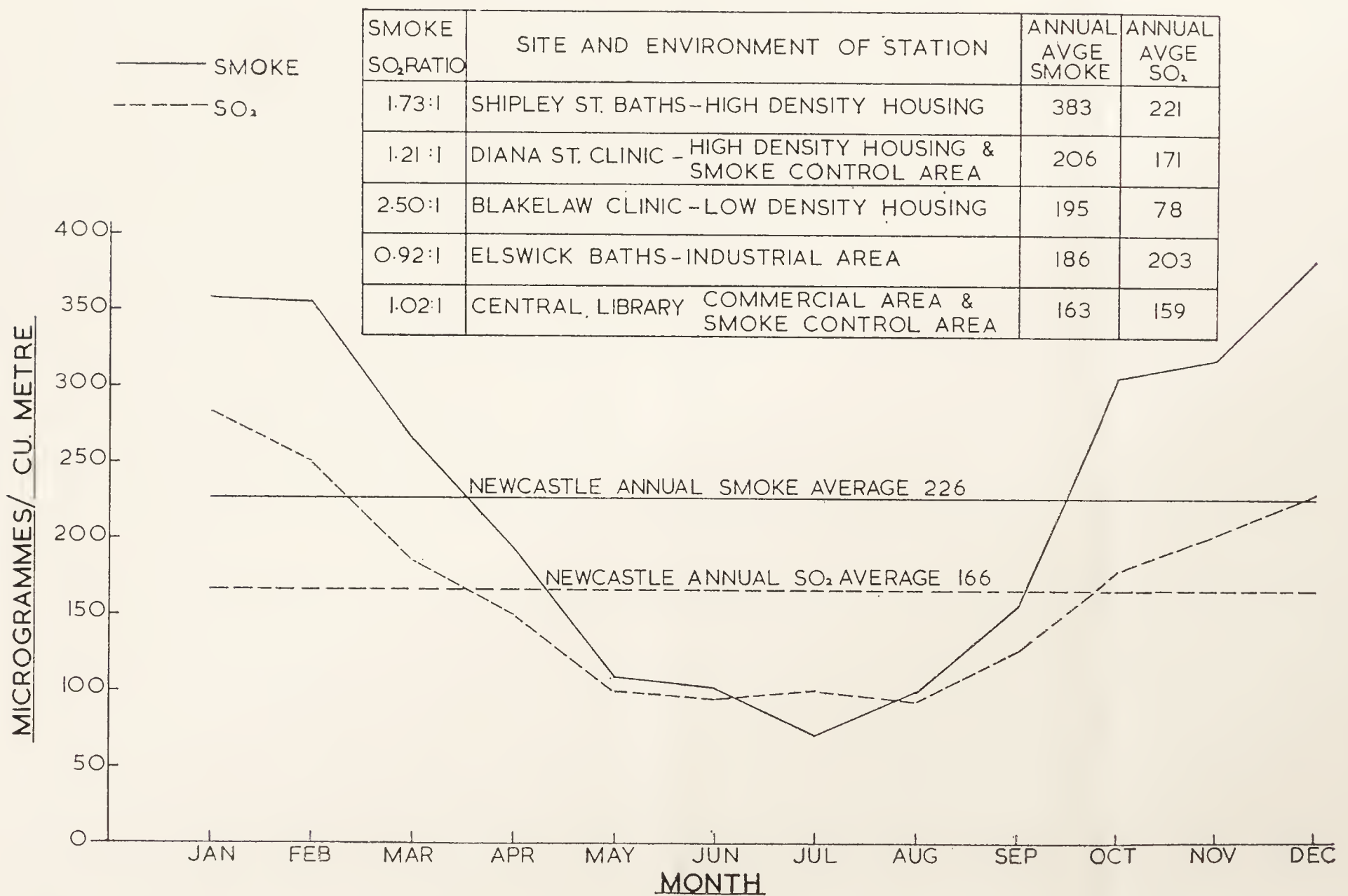
### Clean Air Act 1956

During the year, Smoke Control Orders Nos. 9, 10 and 11 (which had been submitted to the Minister during 1963) were revoked and withdrawn, owing to the position which had arisen concerning the

# CITY AND COUNTY OF NEWCASTLE UPON TYNE

SMOKE AND SULPHUR DIOXIDE CONCENTRATIONS FOR 1964

(AVERAGE OF ALL FIVE STATIONS)





unavailability of "open fire" smokeless fuel in the Northern Region.

An amended No. 9 Smoke Control Order was made in June and re-submitted to the Minister. This Order was confirmed in October and is due to come into operation in July, 1965. As a result of the much higher average cost of converting fireplaces to enable the available "hard" coke to be burned, the size of the new No. 9 Area was substantially reduced, both in the number of dwellings involved in the acreage covered, and action on the remaining part of the original No. 9 Area, and on the numbers 10 and 11 Areas was suspended pending a review of the Smoke Control Programme as a whole.

At a meeting of the Health and Social Services Committee in May, a joint report of the City Treasurer, City Planning Officer and the Chief Public Health Inspector, covering all aspects of the Smoke Control Programme, was considered, and it was resolved that notwithstanding the higher costs involved, the programme should be continued, and that it should be completed over a period of 10 years. Consideration was given to the borrowing of money to finance the programme but it was decided that it should be financed out of revenue, but that houses with a life of less than five years (instead of two years as hitherto) should be exempted.

The Policy Advisory Committee of the Council supported the Health and Social Services Committee's proposals and recommended that the Smoke Control Programme be reviewed accordingly.

A revised programme was formulated, and was submitted to and approved by the Health and Social Services Committee in October and a report for presentation to the City Council was in course of preparation at the end of the year.

In anticipation of the approval of the Council of the new programme, preparation of a report on a new No. 10 Smoke Control Order was put in hand, to be submitted early in 1965 to the Health and Social Services Committee.

This increase in the cost of smoke control will inevitably result in a further slowing down of our programme and unless local authorities generally receive some relief in this respect, particularly those in the "black areas," the future of smoke control as a national policy is a matter for speculation. It must once more be emphasised that support from all quarters should be given to those

authorities who claim that a higher proportion of the expense involved in pursuing a clean air policy should be borne by the central government.

The year proved to be a difficult one so far as the enforcement of operative Smoke Control Orders was concerned. This probably arose because of the misleading publicity associated with the soft coke crisis of 1963 when many occupiers of dwellings felt that the situation would justify a return to the burning of bituminous coal. It was found necessary to circularise residents in some of these areas to remind them of their statutory obligations and this was particularly so in the No. 8 Area as some confusion had arisen through wrong information being supplied to occupiers of council dwellings in this area. Any improvement within the smoke control areas concerned, was, however, short lived and towards the end of the year it was found necessary to issue many routine warnings to offenders in Smoke Control Areas Nos. 2, 6 and 8. The position in relation to the establishment of smoke control areas in the City at the end of the year is detailed below.

(a) *Areas Reported to Health Committee :*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 9... (Amended)	160	978	1,024	3.6.64	13.10.64

(b) *Orders made and confirmed :*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 9... (Amended)	160	978	1,024	3.6.64	13.10.64

(c) *Position at 31st December, 1964.*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Operative Date</i>
Area No. 1...	118	156	1,492	1.4.59
Area No. 2...	161	1,463	3,039	1.12.60
Area No. 3...	119	774	1,232	1.1.62
Area No. 4...	124	974	1,797	1.8.62
Area No. 5...	170	1,292	2,376	1.12.62
Area No. 6...	334	708	998	1.7.63
Area No. 7...	800	999	1,624	1.7.63
Area No. 8...	1,403	3,261	3,368	1.12.63
Area No. 9...	Order revoked and withdrawn.			
Area No. 10..	Order revoked and withdrawn.			
Area No. 11..	Order revoked and withdrawn.			
Area No. 9... (Amended)	160	978	1,024	1.7.65

(d) *Formal Action During 1964 :*

No. of Approvals of Proposed Works dealt with	...	48
No. of Claims for 70% grant approved	...	349
No. of Claims for 100% grant approved	...	4
No. of Section 12 Notices served	...	37
No. of Section 12 Notices complied with	...	68
No. of Section 12 Notices work still outstanding	...	1
Works carried out in default	...	Nil.



## **Smoke Emissions.**

A total of 125 formal smoke observations were made during 1964 but the contraventions detected were extremely few in number, of a very minor character and were dealt with adequately by informal action. It has been found that industrial smoke abatement can be better achieved by a visit and inspection of the boiler plant than by becoming involved in time wasting smoke observations, although such activities are necessary if legal proceedings are likely to be instituted for any particular smoke emission. There is no doubt whatever that industry in this City is co-operating well in the task of clearing the air of industrial pollution and this co-operation is truly appreciated by the department.

## **Prior Approval of Furnaces.**

During the year seven applications for prior approval were granted under the provisions of Section 3 of the Act. These applications related to six oil fired plants and one underfeed mechanically stoked coal burning plant. In addition one notification was received relating to the installation of a low pressure hot water boiler using oil fuel.

# **OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963**

## **Scope and Operation of the Act.**

This Act and its attendant regulations provide, for the first time, comprehensive requirements for the health, safety and welfare of office and shop workers and prescribe in some detail, standards for cleanliness, overcrowding, heating, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, accommodation for clothing, provision and design of seats, eating facilities, construction and maintenance of floors, passages and stairs, guarding of dangerous machinery, and the provision of first-aid materials.

In addition the Act requires anyone who employs people to work in office, shop or railway premises to notify the "appropriate authority" and the "appropriate authority" must also be notified when any accident occurs which causes the death of an employee or disables him for more than three days. "Appropriate authority" means either H.M. Inspector of Factories or the local authority, depending on the type of premises, for the Act is being enforced in

Crown premises, local authority premises, railway premises and factory offices by H.M. Inspectors of Factories and in other offices and shops by local authorities. The Act also contains certain provisions relating to fire precautions but these are enforced either by H.M. Inspectors of Factories or by local fire authorities.

The administrative provisions of the Act dealing with such things as notification of employment, application for exemptions and appointment of staff came into operation on 1st May 1964, and most of the other provisions came into operation on 1st August 1964. However, some requirements relating to sanitary conveniences and washing facilities, which are contained in regulations, do not come into operation until 1st January 1966.

### **Enforcement.**

It is estimated that the department is responsible for enforcing the Act in some 10,000 premises in this City, and it was apparent at the outset that the existing, somewhat depleted, staff of Public Health Inspectors would not have time to carry out routine inspections and four technical assistants were, therefore, recruited for this purpose. These assistants were men of good general education, who were given a short period of training within the department before commencing on the task of carrying out "general inspections" throughout the City.

In addition one permanent and two temporary clerks were appointed, the main task of the temporary clerks being to deal with the great amount of work which was involved in the initial stages in dealing with notifications of employment and the development of a system of keeping records.

The initial inspections of all premises (described officially as "general inspections") are carried out by the technical assistants and employers are notified by letter of any contraventions. The responsibility for ensuring that any contraventions are remedied rests with each District Public Health Inspector, who works in co-operation with the technical assistant on his particular district.

Any cases of particular difficulty are referred to the Inspector with special responsibility for administration, who supervises and co-ordinates the enforcement of the Act over the whole City.

## General Observations.

Before this Act came into operation it was understood that it would be accompanied by considerable publicity so that employers and employees alike would be aware of its provisions. In actual fact the publicity never materialised and consequently when the Act did come into force few people were aware of it. All notifications of employment should have been sent to this department between 1st May and 1st August 1964, but only about a third of the estimated total had been received by that date, and as the general survey proceeds places are still found where forms have not been returned. It is only fair to say that once this omission is pointed out it is remedied forthwith.

Whilst almost all premises were found to have some defects, most were of a minor nature, the commonest being lack of thermometers and first-aid boxes and absence of hot water. If a general observation can be made, it is that the actual part of the office or shop premises where people are working is usually of quite a good standard, but it is often found that the washing facilities and sanitary conveniences require some improvement in condition or numbers. It is in fact becoming apparent that the provision of suitable washing facilities and sanitary conveniences in sufficient numbers is going to be costly and difficult in many cases.

Generally speaking there is a willingness to comply with the Act which is most encouraging, and many premises have been improved to the required standard.

The Act requires that where any employee has an accident which results in his death or disables him from doing his normal work, the occupier of the premises must report this fact to the "appropriate authority" and where the "appropriate authority" is the local authority, the local authority must render a quarterly return of such accidents to the Ministry of Labour.

It is interesting to note that though some 64 accidents were notified during 1964 only one was attributable to any defect in premises or equipment, all the others could only be ascribed to human error (or should it be "accident proneness"?) on the part of the individual concerned. All the accidents reported were of a minor nature.

The following statistical information is based on the requirements of FORM OSR.14 which is submitted to the Minister of Labour at the end of each year.

(a) *Registrations and General Inspections.*

Class of premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices .....	1,801	1,790	950
Retail Shops .....	1,694	1,689	672
Wholesale shops, warehouses .....	425	415	223
Catering establishments open to the public, canteens .....	319	319	125
Fuel storage depots .....	5	5	4
<b>TOTALS .....</b>	<b>4,244</b>	<b>4,218</b>	<b>1,974</b>

(b) *Number of visits of all kinds by Inspectors to Registered Premises...* 2,506.

(c) *Analysis of persons employed in registered premises by workplace.*

Class of workplace	Number of persons employed
Offices .....	25,538
Retail Shops .....	17,410
Wholesale departments, warehouses	6,655
Catering establishments open to the public .....	6,405
Canteens .....	522
Fuel storage depots .....	72
<b>Total .....</b>	<b>56,602</b>
<b>Total Males .....</b>	<b>27,394</b>
<b>Total Females .....</b>	<b>29,208</b>

(d) *Summary of defects found and remedied during 1964:*

	<i>Defects Found.</i>	<i>Defects Remedied.</i>
S.4 Lack of cleanliness ... ..	19	1
S.5 Overcrowded:		
Subs. (1) ... ..	1	
Subs. (2) ... ..	8	
S.6 Temperature:		
(a) Inadequate ... ..	5	—
(b) Defective form of heating ... ..	3	1
(c) No thermometer ... ..	849	521
S.7 Ventilation not suitable ... ..	10	
S.8 Lighting unsuitable ... ..	36	

S.9	Sanitary Conveniences :		
	(a) Insufficient in number ... ..	58	1
	(b) Not separate for males and females	40	1
	(c) Not conveniently accessible ... ..	29	1
	(d) Not properly ventilated ... ..	40	1
	(e) Not properly lighted ... ..	52	7
	(f) Otherwise defective ... ..	293	97
S.10	Washing Facilities :		
	(a) Insufficient in number ... ..	58	—
	(b) Not separate for males and females	70	1
	(c) Not conveniently accessible ... ..	15	—
	(d) No hot water supply ... ..	379	43
	(e) Not properly ventilated ... ..	5	—
	(f) Not properly lighted ... ..	9	—
	(g) Otherwise defective ... ..	51	15
S.11	(a) No supply of drinking water ... ..	5	
	(b) Supply of drinking water unsuitable	1	
	(c) No drinking vessels ... ..	1	
	(d) Drinking vessels unsuitable ... ..	1	
S.12	No suitable Accommodation for :		
	(a) Clothing not worn at work ... ..	6	—
	(b) Special clothing worn at work ... ..	—	—
S.13	Sitting Facilities :		
	(a) Not provided ... ..	2	—
	(b) Insufficient in number ... ..	—	—
	(c) Unsuitable ... ..	1	—
S.14	Seats for Sedentary Work :		
	(a) Not suitable ... ..	4	—
S.15	No suitable eating facilities ... ..	2	
S.16	(a) Defective floors, stairs or steps...	102	14
	(b) No handrail ... ..	83	24
S.17	Dangerous parts of machinery not securely guarded ... ..	4	—
S.24	First Aid Boxes not in accordance with prescribed standard ... ..	851	508

## FACTORIES ACT 1961

As a result of the adoption of certain recommendations arising from the O. and M. Survey carried out in the department in 1963 the responsibility for the inspection of factories was removed from certain senior inspectors and passed to an overworked and depleted district inspection staff. The number of inspections carried out during 1964 fell to 2,044 compared with 3,271 in the previous year although this reduction can, in part at least, be attributed to the shortage of district inspection staff which prevailed throughout the year.

There was a decrease in the number of factories on the register at the end of the year, the total being 1,586 compared with 1,598 at December 1963.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF  
THE FACTORIES ACT 1961.  
PART 1 OF THE ACT.

1.—INSPECTIONS FOR THE PURPOSES OF PROVISIONS AS TO HEALTH (INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities	154	278	8	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.....	1,386	1,662	33	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises) .....	46	104	—	—
Total .....	1,586	2,044	41	—

2.—CASES IN WHICH DEFECTS WERE FOUND. (IF DEFECTS ARE DISCOVERED AT THE PREMISES ON TWO, THREE OR MORE SEPARATE OCCASIONS THEY SHALL BE RECKONED AS TWO, THREE OR MORE "CASES").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of Cleanliness (S1) ...	14	6	...	2	...
Overcrowding (S2) .....	...	...	...	...	...
Unreasonable temperature (S3) .....	1	...	...	...	...
Inadequate ventilation (S4)	...	...	...	...	...
Ineffective drainage of floors (S6) .....	...	...	...	...	...
Sanitary Conveniences (S7)					
(a) Insufficient .....	1	1	...	...	...
(b) Unsuitable or defective .....	77	33	...	...	...
(c) Not separate for sexes .....	2	...	...	...	...
Other offences against the Act (not including offences relating to out-work)	1	...	3	...	...
Total .....	96	40	3	2	...

## Outworkers.

Outworking has, for generations, provided an opportunity for the less affluent sections of the community to supplement their regular income. The steady and remarkable diminution of this activity in our city is perhaps an indication of increasing national affluence accompanied by a desire for more leisure. The following figures relating to outworkers operating during the last four years support this suggestion.

<i>Year.</i>	<i>Number of outworkers in city.</i>
1964	7
1963	19
1962	44
1961	61

The dwellings in which the seven outworkers carried on their activities were inspected on 30 occasions and conditions were found to be satisfactory.

### PART VIII OF THE ACT. OUTWORK.

(Sections 133 and 134).

Nature or work  (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwhole some premises (5)	Notices Served (6)	Prosecutions (7)
Wearing apparel: Making, etc.....	7	...	...	...	...	...
Total .....	7	...	...	...	...	...

## FOOD AND DRUGS ACT 1955

### **Meat Inspection.**

During the year there was a further slight fall in the number of animals slaughtered in the City, the total being 244,436 compared with 247,893 during 1963.

The year 1964 saw the completion of the first year of the operation of the Meat Inspection Regulations 1963 and the maintenance of a meat inspection service to satisfy the requirements of these regulations was no easy task.

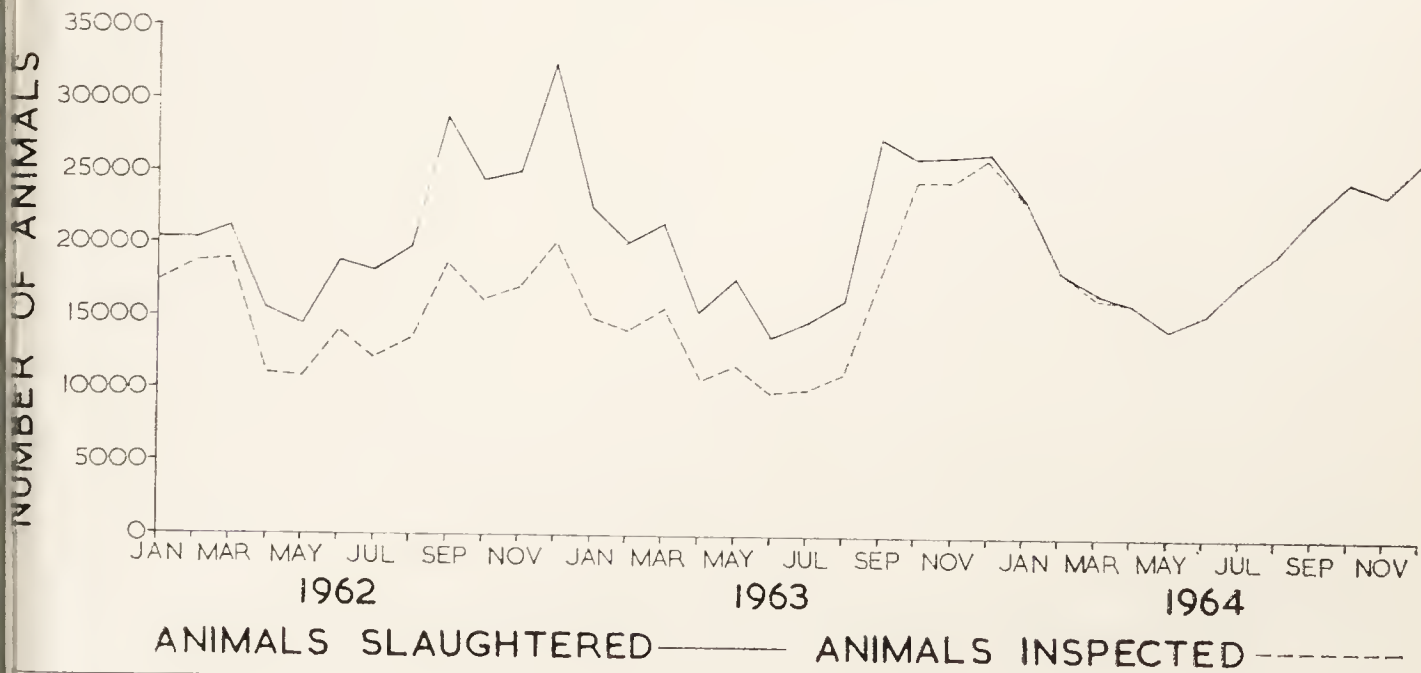
All slaughtered animals, with the exception of 212 sheep carcasses, were inspected and stamped as required by the regulations and although the target of 100% meat inspection was not achieved (it was, in fact, 99.91% compared with 77.51% in 1963) a special tribute should be paid to the public health inspectors and meat inspectors for the loyal service and excellent work they have given to the department, most of the time working in congested, unpleasant conditions and on duty seven days each week. Such an achievement was not reached without much sacrifice of leisure time as will be seen from the fact that a total of 4,425 man hours of overtime were worked by the inspectorial staff on meat inspection duties alone. It is not surprising that the staff in question impatiently await the opening of the municipal abattoir in 1967 when slaughtering hours can be controlled by the Corporation, and overtime will consequently be reduced to a minimum.

The maximum inspection charges permitted by the Meat Inspection Regulations prescribe the sum of 2s. 6d. for each cattle, beast or horse, 9d. for a pig or calf and 6d. for each sheep and the income during 1964 from this service totalled £10,304 16s. 9d., a revenue which went a long way to cover the overall cost of the meat inspection services.



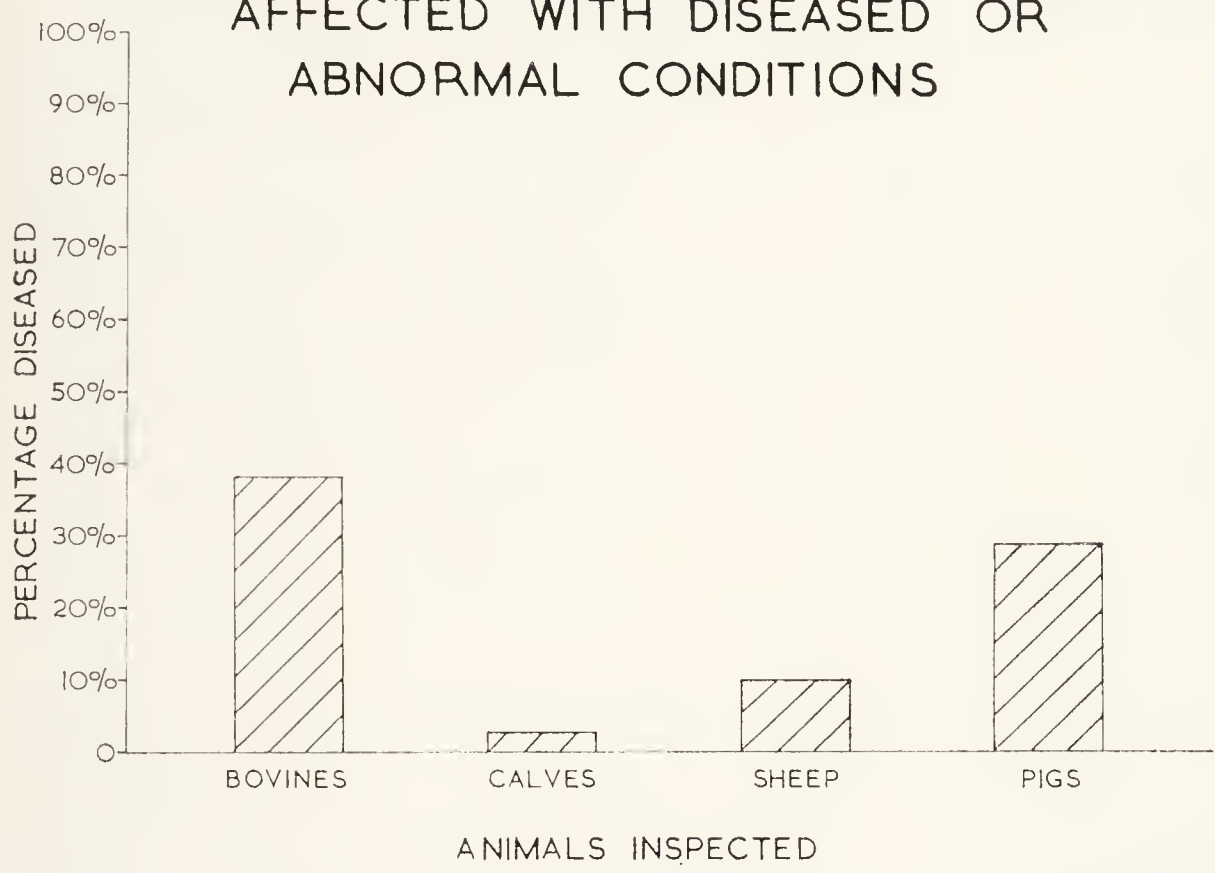
# MEAT INSPECTION

## MONTHLY KILL (ALL ANIMALS) 1962/63/64 AND INSPECTED





### INSPECTED ANIMALS FOUND TO BE AFFECTED WITH DISEASED OR ABNORMAL CONDITIONS



### DECLINE IN THE NUMBER OF CARCASSES CONDEMNED BECAUSE OF TUBERCULOSIS 1944—1964

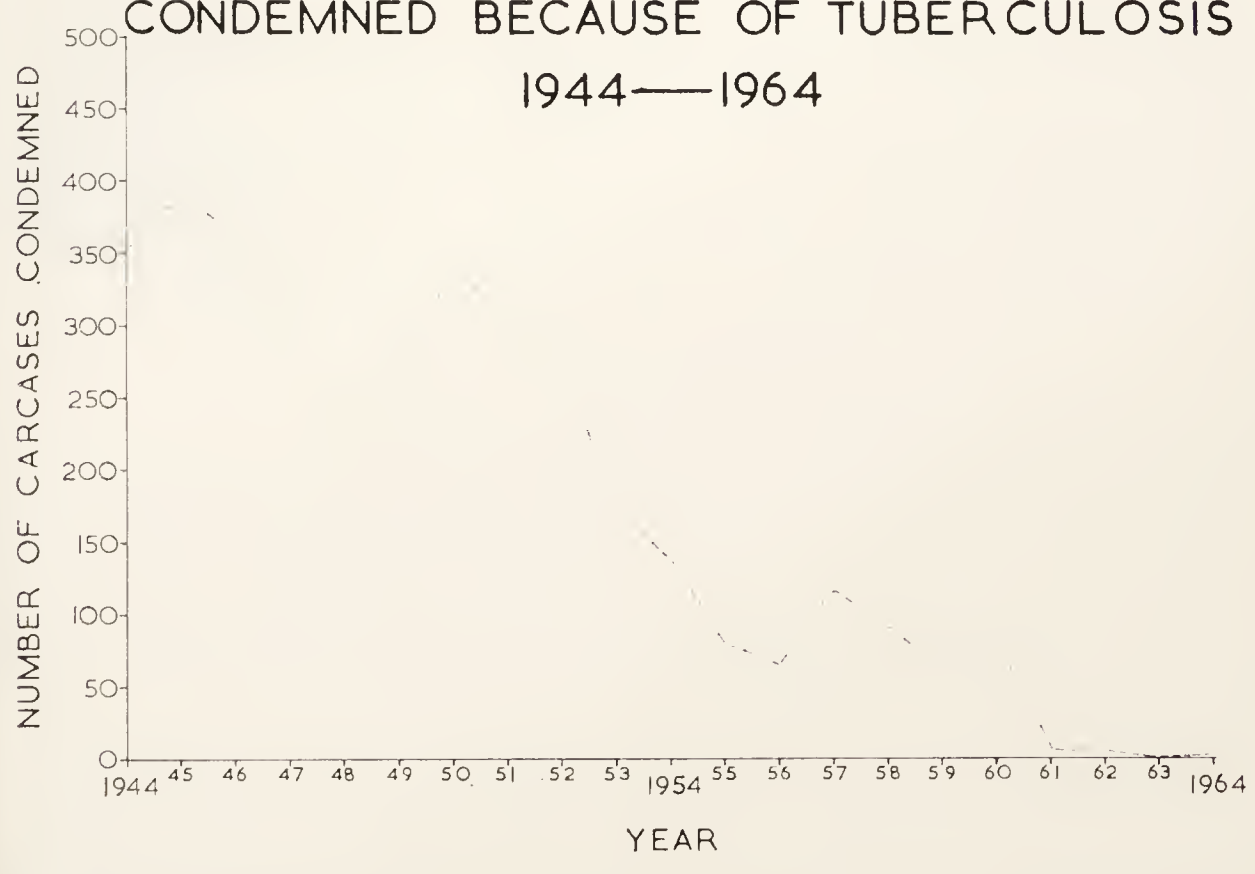




TABLE 1.  
WHOLE CARCASSES CONDEMNED BECAUSE OF DISEASE  
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS).

Disease or Condition	Cattle	Calves	Sheep	Pigs	Horses	Total
Johnes disease with emaciation .....	6	...	...	...	...	6
Swine erysipelas ...	...	...	...	3	...	3
Pyrexia .....	...	...	1	7	...	8
Pyæmia .....	1	4	16	46	...	67
Septic Conditions:						
Septicæmia .....	3	...	6	7	...	16
Septic arthritis .	...	3	5	11	...	19
Septic mastitis ...	...	...	1	...	...	1
Septic pleurisy .	...	...	6	4	...	10
Septic peritonitis	...	...	4	4	...	8
Septic pneumonia ...	3	...	9	2	...	14
Septic enteritis...	1	1	1	...	...	3
Septic pericarditis ...	1	...	...	1	...	2
Septic nephritis	...	...	...	1	...	1
Toxaemia .....	...	...	...	3	...	3
Jaundice .....	...	...	...	5	...	5
Neoplasm .....	...	...	2	...	...	2
Leukaemia (Lymphatic) ....	...	...	...	2	...	2
Anaemia .....	...	...	1	...	...	1
Pleurisy and peritonitis .....	...	...	...	4	...	4
Oedema and emaciation .....	5	3	55	4	...	67
Imperfect bleeding congestion .....	1	...	7	7	...	15
Immaturity .....	...	1	...	...	...	1
Traumatism .....	1	...	1	...	...	2
Decomposition ....	...	...	1	1	...	2
Gangrene .....	...	...	2	1	...	3
Lymphadinitis .....	...	...	1	...	...	1

TABLE 2.

PART CARCASES OR ORGANS CONDEMNED BECAUSE OF DISEASE.  
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS).

Disease or Condition	Cattle	Calves	Sheep	Pigs	Horses	Total
Johnes disease .....	13	...	...	...	...	13
Actinobacillosis ...	106	...	...	...	...	106
Actinomycosis ....	11	...	1	...	...	12
Abscess .....	1,061	...	221	198	...	1,480
Pericarditis .....	102	...	202	1,938	...	2,242
Pneumonia .....	162	1	6,788	9,372	...	16,323
Pleurisy .....	792	2	788	2,196	...	3,778
Pleurisy and peritonitis .....	8	...	155	769	...	932
Peritonitis .....	205	...	167	802	...	1,174
Enteritis .....	3	1	6	13	...	23
Mastitis.....	39	...	62	17	...	118
Nephritis .....	16	...	15	45	...	76
Fascioliasis .....	9,433	...	2,520	...	...	11,953
Ascariasis .....	...	...	32	5,445	...	5,477
Cavernous angioma .....	120	...	2	...	...	122
Oedema and emaciation .....	8	1	56	7	...	72
Congestion .....	179	...	190	267	...	636
Melanosis .....	13	...	...	...	...	13
Necrosis .....	2	...	1	3	...	6
Arthritis .....	3	...	125	307	...	435
Hydatidosis .....	24	...	10	...	...	34
Emphysema .....	16	...	...	...	...	16
Cirrhosis .....	378	1	104	162	3	648
Neoplasm .....	5	...	9	...	...	14
Parasites .....	37	...	2,273	21	...	2,331
Traumatism .....	44	...	42	55	...	141
Decomposition ....	31	...	...	6	...	37
Contamination ....	7	...	28	22	...	57

## Bovine Tuberculosis.

One carcase of beef and offal was rejected because of tuberculosis together with parts or organs of another 44 bovines. While these figures are higher than those in last year's report, there is no need for concern as the percentage of disease in relation to animals slaughtered was only 0.00013.

Strict control was exercised during the year by the Ministry of Agriculture, Fisheries and Food and evidence of this was the examination of some 20 bovine animals sent in for slaughter under the Tuberculosis (Slaughter of Reactors) Order 1950.

TABLE 3.

	Tuberculosis conditions found		
	Advanced	Other than advanced	No visible evidence
(a) Animals slaughtered under the provisions of Tuberculosis Orders .....	...	...	...
(b) Animals slaughtered under the provisions of the Tuberculosis (Slaughter of Reactors) Order 1950 .....	...	11	9

## TUBERCULOSIS REACTORS ORDER 1950

1. Steer	...	...	...	...	...	No Disease.
1. Heifer	...	...	...	...	...	No Disease.
1. Heifer	...	...	...	...	...	Localised.
1. Steer	...	...	...	...	...	Localised.
1. Steer	...	...	...	...	...	No Disease.
1. Steer	...	...	...	...	...	No Disease.
1. Steer	...	...	...	...	...	Localised.
1. Steer	...	...	...	...	...	Localised.
1. Heifer	...	...	...	...	...	No Disease.
1. Heifer	...	...	...	...	...	No Disease.
1. Heifer	...	...	...	...	...	Localised.
1. Heifer	...	...	...	...	...	Localised.
1. Heifer	...	...	...	...	...	Localised.
1. Heifer	...	...	...	...	...	Localised.
1. Heifer	...	...	...	...	...	No Disease.
1. Steer	...	...	...	...	...	No Disease.
1. Steer	...	...	...	...	...	No Disease.
1. Steer	...	...	...	...	...	Localised.
1. Cow	...	...	...	...	...	Localised.
1. Heifer	...	...	...	...	...	Localised.

TABLE 4.

THE TOTAL CONDEMNATION OF CARCASSES OF ANIMALS BECAUSE OF TUBERCULOSIS SLAUGHTERED IN THE CITY BETWEEN THE YEARS 1959-1964.

Year	Cattle	Calves	Sheep	Pigs	Horses	Total of Animals
1964.....	1	...	...	...	...	1
1963.....	...	...	...	...	...	...
1962.....	5	...	...	...	...	5
1961.....	6	...	...	...	...	6
1960.....	84	3	...	2	...	89
1959.....	63	1	...	8	...	72

## Cysticercus Bovis.

During the year, 199 cases of this parasite were detected as seen in Table 5. Two carcasses of beef were rejected for generalised cysticercus bovis and 15 carcasses of beef were submitted to refrigeration for the period required to render sterile any cyst that may have been in the musculature, this time being 14 days at 14°F., or 21 days at 21°F., before being released for human consumption.

Supervision of another fifteen carcasses of beef affected with localised cysticercus bovis and sent in by other local authorities to City Cold Stores was carried out. At the conclusion of the required detention period, the carcasses were inspected, stamped and released by our Meat Inspection Staff.

TABLE 5.  
INSPECTION OF SLAUGHTERED ANIMALS, 1964.  
CARCASSES AND OFFALS INSPECTED AND CONDEMNED  
IN WHOLE OR IN PART.

	Bovine	Calves	Sheep and Lambs	Pigs	Horses
No. Animals killed .....	33,051	837	132,851	72,697	172
No. Animals inspected .....	33,051	837	132,639	72,697	172
<i>Tuberculosis:</i>					
No. Carcasses Condemned ...	1	...	...	3	...
No. Part Carcasses or Organs Condemned .....	44	...	...	574	...
% Affected by Tuberculosis	.013	...	...	.079	...
<i>Cysticercosis</i>					
No. Carcasses Affected .....	201	...	...	...	...
No. Carcasses Condemned ...	2	...	...	...	...
No. Part Carcasses or Organs Condemned .....	199	...	...	...	...
No. Carcasses Treated by Refrigeration .....	15	...	...	...	...
<i>Diseases or Abnormal Conditions other than Tuberculosis or Cysticercosis:</i>					
No. Carcasses Condemned ...	24	12	119	116	...
No. Part Carcase or Organs Condemned .....	12,816	7	13,761	21,695	38



## Imported Foodstuffs.

During the year, routine visits were made to the Quayside and a percentage of the following meat, offals and other foodstuffs from 108 vessels arriving from Denmark, Holland and Australia was examined.

### FROZEN MEAT.

BEEF OFFALS (Packages)—2,353.

PORK—Tenderloins—411.

OFFALS—(Packages)—7,352.

### OTHER GOODS.

1,153,544 sides Danish and Dutch bacon and 393,620 cases tinned foodstuffs.

Imported meat arriving by rail and road within the City was subjected to supervision and inspection within cold storage depots and wholesale meat shops.

## Meat and Other Foodstuffs Condemned.

The total weight of meat and other foodstuffs condemned during 1964 was 180 tons, 3 cwts., 3 qrs., 25 lbs., as compared with 189 tons, 5 cwts., 3 qrs., 26 lbs., during the previous year and comprised the following:—

	<i>Tons.</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Beef, Veal, Mutton and Pork .....	23	19	2	2
Offals .....	79	16	3	23
Provisions .....	46	0	0	6
Fish .....	1	0	0	2
Fruit and Vegetables .....	29	7	1	20
	<hr/>	<hr/>	<hr/>	<hr/>
	180	3	3	25
	<hr/>	<hr/>	<hr/>	<hr/>

These condemnations involved the issue of 3,458 certificates.

In the City wholesale meat depots and shops there is an extensive trade in home-killed meat imported from other districts in North-umberland, Durham, Yorkshire and further afield in England, Scotland and even Wales. During the course of routine inspection the following meat was condemned and taken in surrender.

BEEF.—4 carcasses plus 4,741 lbs., 13 heads and tongues, 97 livers, 6 sets of lungs.

VEAL.—1 carcase.

MUTTON.—9 carcasses plus 144 lbs., 30 heads, 30 lungs, 30 livers.

PORK.—12 carcasses plus 1,651 lbs., 3 heads.



TABLE 7.  
BACTERIOLOGICAL EXAMINATIONS.

Beef	Carcase		Type of Animal	Disease Suspected	Bacteriological Findings
	Pork	Mutton			
1	...	...	Heifer	Toxaemia	No pathogens isolated.
...	1	...	Gilt	Septicaemia	No pathogens isolated.
...	1	...	Gilt	Salmonella	No pathogens isolated.
...	1	...	Sow	Septicaemia	No pathogens isolated.
...	1	...	Bacon Pig	Septicaemia	No pathogens isolated.
1	...	...	Steer	Septicaemia	No pathogens isolated.
1	...	...	Heifer	Septicaemia	No pathogens isolated.
...	1	...	Gilt	Septicaemia	No pathogens isolated.

OTHER FOODS.

Material Examined	Number of Samples Submitted	Bacteriological Findings.
Cooked Ham .....	1	No pathogens isolated.
Chopped Pork .....	2	No pathogens isolated.
Smoked Salmon .....	3	No pathogens isolated.

**Detained Corned Beef.**

Information was received from the Ministry of Health in June, 1964, regarding 6 lb., tins of corned beef, bearing certain code marks, as being associated with the outbreak of typhoid in Aberdeen and local authorities were advised to arrange for the withdrawal from sale of all tins of corned beef bearing these specific code marks. An intensive search was instituted commencing on the day of receipt of the information and within a few days 1,022 visits to warehouses, shops, restaurants, canteens, etc., by 16 Public Health Inspectors and six assistants resulted in the detention of 3,168 x 6lb., tins of corned beef and 25 x 6lb., tins of ox tongue.

Two weeks later came a further request from the Ministry of Health, again with regard to corned beef but in this case entirely separate from the Aberdeen outbreak. This second request arose because of *Salmonella typhimurium* having been found in a 6lb., tin of corned beef submitted by the Edinburgh Health Authority for routine bacteriological examination. Another intensive search was instituted resulting in the withdrawal and detention of a further 30,840 tins of corned beef.

By the end of the year, no indication had been forthcoming from the Ministry of Health regarding the ultimate disposal of the enormous stocks of corned beef detained in City warehouses, where, apart from the high loan charges on the value of the corned beef, valuable warehouse accommodation was being immobilized.

### **Export Meat.**

A total of 31 certificates were granted for the export to Belgium certifying as fit for human consumption 178 carcasses of horseflesh, 16,767 lbs. pig heads and 13 hindquarters beef.

### **Slaughterhouse Act 1958.**

The number of separately licensed slaughterhouses within the City remains the same at 23, *viz.*, Cooksons Lane (1), Pottery Lane (1), Stepney Bank (1), (horses only), Scotswood Road (1), Railway Street (1), Lime Street (2), and Cattle Market Group (16).

During the year two of the latter group became vacant and at the end of the year had not been re-let.

### **The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958, Slaughterhouses (Hygiene) Regulations, 1958.**

In the early part of 1963, it was clearly obvious that the original appointed day of 1st July, 1963, when slaughtering facilities within the City should satisfy the requirements of the above Regulations, could not be fulfilled. It was then decided, because the construction of the new abattoir had not even commenced, to come to a new arrangement with the Minister of Agriculture, Fisheries and

Food, with regard to the fixing of a new appointed day. Agreement was reached and the 1st January, 1967, was substituted as the date when all slaughterhouses would be closed and the slaughtering transferred to the new abattoir.

It was also realised that this further extension of the life of the City slaughterhouses, that repairs, in some cases fairly extensive, re-decoration, and replacement of some of the fittings together with the provision of sterilisers was urgently needed if these dilapidated and unhygienic slaughterhouses were to last until 1967. These repairs and decorations, etc., were carried out during the year and it is earnestly hoped that the money spent on this work will enable the present slaughterhouses to carry on until the opening of the abattoir.

## **FOOD AND DRUGS**

### **Sampling.**

During the year 648 samples of food and household drugs were procured and submitted to the Public Analyst for examination as compared with 670 in 1963.

Of the 648 samples 289 were of milk and 359 of other foods of which 252 were formal samples and 396 informal samples. A total of 32 samples were adversely reported upon by the Public Analyst, constituting 4.93% of all samples as compared with 2.24% the previous year.

### **Miscellaneous Foods.**

**Sausages.** A formal sample of pork sausage was found to contain only 46.9% of meat and the vendor was cautioned. An informal sample taken later in the year from the same vendor was found to contain 63.7% of meat. Another formal sample of pork sausage was found to contain 48% of meat and the vendor was prosecuted and fined £15.

Three samples of beef sausage were found to contain preservative within the amount prescribed by the Preservatives in Food Regulations, 1962, but declaration of its presence was not made at the time of sale and in each case the vendor was cautioned.

The meat content of sausage varied widely, pork sausage varying from 46.9% to 77% and beef sausage from 50% to virtually 100%.

**Fish Cakes.** Two samples of fish cakes were reported to contain less than the 35% minimum of fish prescribed in the Food Standards (Fish Cakes) Order 1950. Legal proceedings were taken in both instances and in one the vendor, who was also the manufacturer, was fined £10. In the other case the fish cakes sold by the vendor were manufactured outside the City and proceedings were taken against the vendor who summoned the manufacturer as the person responsible. The manufacturer was fined £25, and the case against the vendor was dismissed.

**Meat Pies, etc.** The recommendations of the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food with regard to a minimum meat content of meat pies and pasties have not yet been implemented in Regulations so that there is still no legal standard. Of 12 meat pies submitted to the Public Analyst during the year 5 fell below the recommended minimum standard of 25% meat although two of them were only slightly below. The meat content of the pies varied between 17.7% and 41.7% the average being 25.6%.

Two samples of pasties contained 16.8% and 10.9% of meat, the recommended minimum standard being 12.5% of meat.

Two samples of sausage rolls contained 23.9% and 24.7% of meat. There is no recommended standard for this commodity.

Among the informal samples taken the following offences were detected:—

- (1) Skimmed milk with non-milk fat was incorrectly labelled. This matter was taken up with the manufacturer.
- (2) Ice Lollies were incorrectly labelled but this could not be followed up as the vendor had ceased to sell this product.
- (3) Chicken patties contained only 13.8% of chicken and this in the opinion of the Public Analyst was insufficient. A letter was sent to the vendor.
- (4) Tinned rice pudding was incorrectly labelled. The manufacturer was notified and submitted a new label for approval.
- (5) A bitter lemon drink was found to contain fermentation products making it liable to burst the bottle. The manufacturer was notified.

- (6) Chicken in jelly was found to be slightly deficient in meat content and this was taken up with the vendors.
- (7) A packet of icing mix was incorrectly labelled and this was taken up with the manufacturers.

All of the samples of food which could have contained preservative were examined for its presence and all complied with the Preservatives in Food Regulations 1962 except the samples of beef sausage previously mentioned.

Of the informal samples taken 21 had added colour among the list of ingredients and all were found to comply with the Colouring Matter in Food Regulations 1957.

Three samples of fresh fruits were examined for pesticidal residues and all were reported to be satisfactory.

### **Household Drugs.**

During the year 33 samples were examined and all were found to be satisfactory.

### **Pasteurised Liquid Egg.**

A total of 20 samples of pasteurised liquid egg were taken from a processing factory in the City and all complied with the alpha-amylase test prescribed in the Liquid Egg (Pasteurisation) Regulations 1963, which came into operation on the 1st January, 1964.

### **Milk.**

The quality of the Milk sampled for analysis remained good, although of 185 samples analysed 11 showed some deficiency. Of the deficient samples two containing extraneous water were taken in "Course of Delivery" to a dairy in the City from a farm in County Durham and resulted in the producer being prosecuted and fined £10.

Another six of the samples, also containing extraneous water, were taken in "Course of Delivery" and at "Point of Collection" at a farm in Northumberland and resulted in the producer being fined £45. Of the three remaining deficient samples two were of Channel Islands Milk and in all three instances the deficiencies were small. One producer was cautioned and with regard to the other two, no action was taken.

## AVERAGE COMPOSITION OF MILK SAMPLES

Designation	Number Taken	Fat %	N.F.S. %
Tuberculin Tested (Farm Bottled) Channel Islands .....	9	5.01	9.31
Tuberculin Tested (Farm Bottled)	8	4.27	8.95
Tuberculin Tested (Pasteurised)...	20	3.69	8.11
Pasteurised .....	91	3.84	8.78
Sterilised .....	57	3.70	8.78
Total .....	185	...	...

**Antibiotics in Milk.**

In all 104 samples of producers' milk were submitted to the Public Analyst for examination for antibiotic residues and only three of these showed some reaction to the tests. In each case the producer and the Ministry of Agriculture, Fisheries and Food were notified.

**Bacteriological Examination of Milk.**

The quality of milk sampled for bacteriological examination showed a deterioration during the year as the percentage of samples of Tuberculin Tested (Farm Bottled) milk which failed to pass the methylene blue test was 8.72 as compared with 3.78 in 1963 and the percentage of pasteurised milks which failed the methylene blue test was 4.17 as compared with 0.65. It may be that the warmer summer had some bearing on these results.

All pasteurised milk samples passed the phosphatase test and all sterilised milks passed the turbidity test.

## BACTERIOLOGICAL EXAMINATION OF MILK SAMPLES

	Number Taken	Satisfactory	Unsatisfactory	% Unsatisfactory
Tuberculin Tested (Farm Bottled) .....	149	136	13	8.72
Pasteurised .....	192	184	8	4.17
Total .....	341	320	21	6.15



In addition to the above, 92 samples were taken from milk dispensers in stores and snack-bars and submitted for bacteriological examination and 24 of these failed to pass the methylene blue test. These unsatisfactory results were investigated by the District Inspectors and later check samples were taken. In most instances a visit from the District Inspector was sufficient to rectify matters.

### **Tubercle Bacilli.**

164 samples of raw milk were examined for the presence of tubercle bacilli and all were free from infection.

### **Brucella Abortus.**

20 samples of Tuberculin Tested (Farm Bottled) milk were examined for brucella abortus and one was found to be positive. The authority for the area in which the farm was situated was notified.

### **Milk Churn and Bottle Rinses.**

92 milk churn and bottle rinses were submitted to the Public Health Laboratory for examination and all were found to be satisfactory.

### **Ice Cream.**

The compositional quality of ice cream continued to be good. 24 samples of ice cream and two of dairy ice cream were submitted to the Public Analyst for examination and only one failed to reach the minimum standard of 5% fat prescribed by the Food Standards (Ice Cream) Regulations 1959. In this case the deficiency was small and the vendor was cautioned.

The bacteriological quality of ice cream again showed improvement. Of 114 samples taken during the year 87.71% were satisfactory as compared with 85.6% in 1963 and 73.2% in 1962. It will be seen from the table below that of 80 samples of ice cream manufactured in the City 88.75% were satisfactory.

ICE CREAM SAMPLES  
PUBLIC ANALYST

Fat Content Percentage	Manufactured in City	Manufactured outside City	Total
Less than 5	1	Nil	1
5 — 6	Nil	2	2
6 — 7	4	Nil	4
7 — 8	4	1	5
8 — 9	7	Nil	7
9 — 10	2	1	3
10 — 11	2	Nil	2
11 — 12	1	Nil	1
Over 12	Nil	1	1
Totals .....	21	5	26

Provisional Grade	Manufactured in City		Manufactured outside City		Total	
	No.	%	No.	%	No.	%
1	67	83.75	27	79.42	94	82.45
2	4	5.00	2	5.88	6	5.26
3	5	5.25	4	11.76	9	7.90
4	4	5.00	1	2.94	5	4.39
	80	100.00	34	100.00	114	100.00

### The Milk and Dairies (General) Regulations 1959.

During the year the number of premises registered for the sale of milk increased from 783 to 804, and in the same period 21 applications were received for registration as retail purveyors.

There continued to be received complaints of milk being delivered in dirty bottles and in one case legal proceedings were instituted against a bottling firm which resulted in the imposition of a fine of £30 and the payment of costs amounting to £7 5s. 0d.

### The Milk (Special Designations) Regulations 1960.

At the end of the year 801 licences were in force in respect of the use of special designations and three licences were operative in relation to milk processing establishments.

### Food Hygiene (General) Regulations 1960.

There was a substantial increase in the number of visits during 1964 in connection with the enforcement of the above Regulations and in addition special surveys were carried out of premises where poultry were eviscerated and also of licensed premises. The

majority of the poultry premises inspected complied with the Regulations and where contraventions were detected they were of a minor nature and were satisfactorily dealt with. The evisceration of poultry carries with it a risk of cross contamination if, in the same room and using the same facilities, other food is handled. Wherever possible it is desirable that a separate room be provided for the evisceration of poultry and perhaps the principal advantage arising from this survey has been in bringing to the notice of the food handlers concerned the dangers of cross contamination and the need to comply strictly with the Regulations.

A total of 294 visits were made to licensed premises, 124 of which were between the hours of 8 p.m. and 10-30 p.m. for the purpose of ensuring that the hygiene requirements of the Regulations were complied with. Various minor contraventions were noted and after the completion of the survey there was a marked and noticeable improvement in the arrangements for washing beer glasses. It should be mentioned, however, that without exception all the brewery companies involved in these licensed premises were completely co-operative and all are anxious to achieve the highest standards of hygiene in their premises.

In general food premises it was found necessary to institute legal proceedings in three cases in respect of 14 contraventions of the Regulations, details of which are included later in this report.

An interesting development during the year, not unconnected with food hygiene enforcement, was the increased number of complaints received from the public in respect of the condition of foodstuffs at the time of retail sale. Perhaps the unfortunate circumstances associated with the Aberdeen typhoid outbreak had made the housewife more discerning in her food purchasing but, whatever the cause, it resulted in 15 cases of legal proceedings in 1964 as compared with five in the previous year. A small number of these cases related to food containing extraneous articles such as nails, pins, insects etc., but by far the greater number were because of mould. In most cases, this deterioration is due to bad supervision and careless stock rotation as well as to a lack of appreciation of the effect of cellophane wrapping. Foodstuffs so wrapped are no doubt protected from much casual contamination and on the whole are to be commended but the shelf life of these goods is materially shortened.

## Registered Premises — Food and Drugs Act 1955 and Newcastle upon Tyne Corporation (General Powers) Act 1935.

During the year 22 applications were received for the registration of premises for the manufacture or sale of ice cream or for the preparation of sausages or potted, pressed, pickled or preserved food. These applications were approved by the Committee and at the end of the year the premises remaining on the register were as follows:—

Premises for the sale or manufacture of ice cream	...	...	1,142
Premises for the preparation of sausages, or potted, pressed or preserved food	...	...	275

### TOTAL NUMBER OF FOOD PREMISES

<i>Type of Business.</i>		<i>Number.</i>
(1) Dairies	...	18
(2) Bakerhouses	...	71
(3) Butchers	...	243
(4) Food Manufacturers	...	47
(5) Food Packing	...	41
(6) Food Storing	...	176
(7) Catering	...	226
(8) Grocery and Provisions	...	240
(9) Fishmongers	...	55
(10) Fish Fryers	...	76
(11) Greengrocers, Fruiterers	...	226
(12) General Dealers, Supermarkets	...	481
(13) Confectioners (sweets and bakers' shops)	...	360
(14) Licensed Premises (including Clubs)	...	396
(15) Cinemas and Theatres selling food	...	17
(16) Miscellaneous Premises	...	126
		2,799

## DISEASES OF ANIMALS

### Foot and Mouth Disease.

No outbreaks of foot and mouth disease occurred in Great Britain during the year. This position, while extremely satisfactory from the animal disease and economic points of view, does not lessen the need for carrying out the preventive measures set out in the Waste Foods Order, 1957, the Wrapping Materials Orders, 1932 and 1939 and the Importation of Carcasses Order, 1926.

### Tuberculosis.

During the year no animal was dealt with under the Tuberculosis Orders 1938 and 1964.

## **Anthrax.**

The City was not completely free from anthrax during 1964.

A telephone message was received from a local firm regarding the bones from a bovine carcass, which had been collected from a knacker's yard in Westmorland and brought by the firm's own transport to their Newcastle factory. It transpired that the diagnosis of anthrax in the carcass had been belated and on visiting the factory, it was found that the diseased bones had been processed two days earlier and the residual fat, etc., was with other materials in a 15 ton vat.

After consultation with Veterinary Inspectors of the Ministry of Agriculture, Fisheries and Food, arrangements were made with the manager of the firm involved for the vat and its contents together with all the connecting pipes, to be thoroughly sterilised by reheating to a temperature of 100°C., for a period of three hours. This was duly carried out and the transport vehicle was also cleansed and disinfected.

## **Swine Fever.**

Although no specific outbreak of swine fever occurred in the City during the year, Form A, declaring a pig lairage in the City to be an infected place, was served on the manager of the firm. Thirty pigs had been consigned from premises in Yorkshire to the premises in Newcastle and in the interim period before slaughter, swine fever was confirmed at the premises from which they had come.

These thirty pigs were killed under the Ministry's new slaughter-out policy and removed for destruction. The premises were duly cleansed and disinfected and Form A was removed by the Ministry of Agriculture, Fisheries and Food on the same day.

From the 1st to 20th May, the City was included in a special Swine Fever (Infected Areas) Order due to outbreaks of swine fever in adjoining areas. This Order necessitated the licensing of the City Fatstock Market on three Mondays (4th, 11th and 18th May) under the Swine Fever (Infected Areas) Order 1956 and 1958.

Swine fever outbreaks in Great Britain during 1964 totalled 402 and the number of animals compulsorily slaughtered was 112,077. This latter figure, while assuming astronomical proportions, is a result of the Ministry of Agriculture, Fisheries and Food's effort to stamp out swine fever.

Visits were made to the few piggeries left within the City in connection with the movements of swine under the Regulation of Movement of Swine Order 1959, the Diseases of Animals Waste Food Order, 1957 and the Movement of Animals (Records) Order, 1960.

Licences totalling 946 were granted for the movement of 8,080 swine from the Cattle Market, mainly to slaughterhouses.

### **Rabies.**

Great Britain continues to remain free from this disease and has been since 1922 due to the rigid quarantine requirements of the Rabies Order.

### **Parasitic Mange.**

No outbreaks occurred in Great Britain during the year.

### **Fowl Pest.**

No outbreaks occurred within the City and the "vaccination of chicks" policy of the Ministry of Agriculture, Fisheries and Food appears to have considerably reduced the toll of this disease.

### **Railway Cattle Docks and Live Stock Market.**

For the purpose of the Transit of Animals Order, 1927 regular visits were made to the Cattle Market and the Railway Docks during the year and the requisite cleansing and disinfection were found to have been carried out efficiently. Very small numbers of livestock are now being carried by rail.

Two sheep and one pig were found dead in slaughterhouses and one pig was found dead in a lair. The carcasses were removed to an inedible material processing firm.

### **Prevention of Damage by Pests Act 1949 — Rodent Control Section.**

The overall picture in rodent control remains very similar to the previous year with the rat population continuing to decline in business premises and dwelling houses, and the mouse population decreasing in business premises but increasing in dwelling houses.

Two new poisons (Sodium Monofluoroacetate and Raticate) have received considerable publicity during the year. The former is extremely lethal to rats and mice, but unfortunately is also extremely lethal to other animals and human beings and because of this its use is virtually confined to sewer treatment. Raticate is

effective against rats only, and apart from the fact that it is very expensive more experience in its use is required before an opinion can be given as to its efficiency.

During the year the Ministry of Agriculture, Fisheries and Food held refresher courses for Inspectors and Operators, and in addition several members of the staff attended Workable Area Meetings.

#### RAT AND MICE INFESTATIONS DURING 1964

	Dwelling Houses	Other Premises	Local Authority	Agriculture	Total
Number of properties inspected .....	3,527	2,061	62	1	5,651
Number of visits (including revisits)	5,469	6,664	286	...	12,419
Number of properties found to be infested:					
Rats .....	315	202	28	1	546
Mice .....	621	292	29	...	942
Number of infested properties treated by Local Authority:					
(a) On complaint	926	229	54	1	1,210
(b) Under contract .....	...	275	3	...	278
Number of "Block Control" schemes .....	70	...	...	...	70

### MISCELLANEOUS MATTERS

#### New Legislation.

During the year the following legislation was passed or brought into operation.

#### STATUTES

#### The Housing Act 1964.

The purpose of this Act is to introduce powers to secure the compulsory improvement of houses. The powers and duties of local authorities in regard to houses in multiple occupation are also extended and the provisions of the Clean Air Act 1956 relating to expenditure incurred in the adaptation of fireplaces in private dwellings are amended.

## STATUTORY INSTRUMENTS

### **The Soft Drinks Regulations 1964.**

These Regulations revise the standard of composition for soft drinks. In general, the sugar content of soft drinks is raised while the saccharin content is lowered. Certain other sweetening agents are permitted for the first time and a distinction is drawn between a fruit "crush" and a fruit "squash." Legislative control over the compositional standard of comminuted citrus fruit drinks as sold to the public is introduced and the form and size of label lettering is specified. Special requirements are laid down as to the sale of soft drinks from vending machines.

### **The Dried Milk Regulations 1964.**

Dried milk is described as "three-quarter cream," "half cream," "quarter cream" and "partly skimmed" and the maximum and minimum percentages of milk fat and moisture content in each are prescribed. Containers of dried milk and dried skimmed milk are required to carry certain specified declarations.

### **The Mineral Hydrocarbons in Food Regulations 1964.**

These regulations prohibit the use of mineral hydrocarbons in the composition and preparation of food. There are certain exceptions made in respect of their use on dried and citrus fruits and their presence is permitted in food where the hydrocarbon has been introduced through contact with surfaces treated with it. The use of mineral hydrocarbon is permitted also as a polishing or glazing agent for sugar confectionery, as an ingredient of chewing compounds, on the rinds of cheeses and on the shells of eggs. A specification for purity is laid down and any food containing any hydrocarbon in excess of the permitted amounts is to be regarded as unfit within the meaning of Section 9 of the Food and Drugs Act 1955.

### **The Meat (Treatment) Regulations 1964.**

The addition to raw meat and unprocessed meat intended for sale for human consumption of ascorbic acid, erythorbic acid, nicotinic acid, nicotinamide and any salt or other derivative of these substances is forbidden.



## **Regulations made under the Offices, Shops and Railway Premises Act 1963.**

### **The Washing Facilities Regulations 1964.**

Suitable and sufficient washing facilities, including a supply of clean running hot and cold water, soap and towels, must be provided at places conveniently accessible to persons employed in premises to which the Act applies.

### **The Sanitary Conveniences Regulations 1964.**

Sanitary conveniences for the use of, and conveniently accessible to, persons employed to work on the premises to which the Act applies must be provided on prescribed numerical scales.

### **The Offices in Electrical Stations (First Aid) Regulations 1964.**

These regulations exempt from the requirements of the Act relating to first-aid boxes, office premises in electrical stations because these are deemed to be part of the electrical station and subject to the provisions of the Factories Act.

### **The Offices at Building Operations (First Aid) Regulations 1964.**

Office premises erected at a place where building operations or works of engineering construction are carried on are exempted by this regulation from the operation of Section 24 of the Act which contains general provisions relating to first aid. At the same time these premises become subject to the relevant section of the Factories Act.

### **The Offices and Shops in Factories (First Aid) Regulations 1964.**

Offices and shops in factories are excepted from the requirements of Section 24 of the Act relating to the provision of first aid equipment and personnel trained in first aid. At the same time such premises become subject to the provisions of the relevant section of the Factories Act.

**Orders made under the Offices, Shops and Railway Premises Act 1963. (The Commencement No. 1) Order 1964 and (Commencement No. 2) Order 1964.**

These orders specify the various dates on which certain provisions of the Act are to be brought into force.

**The Forms Order 1964.**

This order prescribes the various forms which are to be used in connection with the operation of the Offices, Shops and Railway Premises Act 1964.

**The Notification of Employment of Persons Order 1964.**

The form of the notices to be served on the appropriate authority is prescribed and includes the notice served by a person before first beginning, after the coming into force of the Act, to employ persons and by a person who at the date of coming into force of the Act is employing persons in any office, shop or railway premises.

**(Exemption No. 1) Order 1964.**

This order exempts office premises, at places where building operations or works of engineering construction are carried on, from the provisions of the Act dealing with temperature and running water.

**(Exemption No. 2) Order 1964.**

This order exempts for two years railway signal boxes, which are more than 200 yards from a piped water supply, from the provisions of the Act relating to the supply of running water for washing.

**The Annual Reports Order 1964.**

This order prescribes the matters which are to be contained in annual reports to be made to the Ministry of Labour.

**First Aid Order 1964.**

The contents of first aid boxes and cupboards are prescribed and also the conditions which a person is required to satisfy before he is deemed to be trained in first aid.

**Prescribed Dangerous Machines Order 1964.**

The order prescribes the dangerous machines at which a person must not work unless he has been sufficiently instructed as to the dangers arising and the precautions to be observed.

## SUMMARY OF LEGAL PROCEEDINGS

Case No.	Contravention of	No. of offences proved	Fines imposed	Costs ordered to be paid		
				£	s.	d.
1	Public Health Act, 1936— Sections 39, 75 and 93 .....	3	£9 Nuisance Order (56 days)	5	9	0
2	The Milk and Dairies (General) Regulations 1959.....	1	£30	7	5	0
3	Food Hygiene (General) Regula- Regulations 1960 (9 Contraven- tions) .....	9	£45	4	4	0
4	Public Health Act 1936— Section 94.....	1	— Nuisance Order (56 days)	0	8	6
5	Public Health Act 1936— Section 94.....	1	£2 Nuisance Order (28 days)	4	4	0
6	Food Hygiene (General) Regula- tions 1960 (2 Contraventions)...	2	£15	3	3	0
7	Food and Drugs Act, 1955— Section 2 .....	2	£10	5	5	0
8	Public Health Act 1936— Sections 39 and 75 .....	2	£4	4	4	0
9	Public Health Act 1936— Section 94 .....	1	— Nuisance Order (56 days)	0	8	0
10	Public Health Act 1936— Sections 75 and 94 .....	2	£6 Nuisance Order (28 days)	4	4	0
11	Housing Act 1961—Section 14— Public Health Act 1936—Section 94.....	18	£50	4	4	0
12	Food Hygiene (General) Regula- tions 1960 (6 contraventions)...	3	£60	5	5	0
13	Food Standards (Fish Cakes) Order 1950 .....	1	£10	3	3	0
14	Food and Drugs Act 1955— Section 2.....	1	£30	4	4	0
15	Food and Drugs Act 1955— Section 2.....	1	£7	4	4	0
16	Food and Drugs Act, 1955— Section 2.....	1	£20	4	4	0
17	Food and Drugs Act 1955— Section 2.....	1	£7	4	4	0

Case No.	Contravention of	No. of offences proved	Fines imposed	Costs ordered to be paid
18	Food and Drugs Act 1955— Section 2.....	1	£10	£ s. d. 4 4 0
19	Food and Drugs Act 1955— Section 2.....	1	£15	4 4 0
20	Food and Drugs Act 1955— Section 2.....	1	£25	4 4 0
21	Food and Drugs Act 1955— Section 2.....	1	£50	4 4 0
22	Food and Drugs Act 1955— Section 2.....	1	£25	4 4 0
23	Food Standards (Fish Cakes) Order 1950 .....	1	£25 (Manufacturer)	4 4 0
24	Food and Drugs Act 1955— Section 2.....	1	Case Dismissed (Vendor)	4 4 0 Against Corporation
25	Public Health Act 1936— Section 94 .....	1	£5 Nuisance Order (30 days)	7 7 0
26	Food and Drugs Act 1955— Section 2 .....	1	£20	4 4 0
27	Food and Drugs Act 1955— Section 2.....	1	£30	4 4 0
28	Food and Drugs Act 1955— Section 2.....	1	£20	5 5 0
29	Food and Drugs Act 1955— Section 2.....	1	£30	5 5 0
30	Food and Drugs Act 1955— Section 8.....	1	£15	5 15 0

### Hairdressing Establishments:

At the end of the year there were 325 hairdressers' premises on the register as compared with 304 at the end of the previous year. There was a corresponding increase in the number of inspections from 214 to 260 but this figure is still, nevertheless, much below that which is required to ensure adequate supervision. During these inspections a total of 37 contraventions were noted but none of these infringements was of a serious nature and all were quickly rectified by verbal notice.

## Rag Flock and Other Filling Materials Act 1951 :

At the end of the year there was no change either in the number of premises registered or licensed. A total of 20 premises were registered for the use of filling materials and two premises licensed as rag flock stores. The inspections during the year dropped from 96 to 56 and a total of 14 samples of filling materials were obtained as indicated below and all were found to be satisfactory .

### SAMPLES TAKEN

Rag Flock .....	4
Curled Flock (Woollen) .....	1
Feathers .....	2
Washed Layered Felt .....	2
Felted Flock .....	1
Coir Fibre .....	3
Reconditioned Hair .....	1
	<hr/>
Total .....	14
	<hr/>

## Pharmacy and Poisons :

There was very little change at the end of the year so far as the Part II Poisons List was concerned. There were four new registrations approved and five previously listed sellers ceased to sell during the year. At the end of December, 1964, Part II of the Poisons List comprised the following sellers:—

General Dealers .....	118
Hairdressers .....	12
Druggists .....	7
Hardwaremen .....	10
Seedsman etc. ....	13
Chemical and disinfectant manufacturers ...	4
Electrical Suppliers .....	1
	<hr/>
Total .....	165
	<hr/>
New registrations .....	4
Ceased to sell Part II poisons .....	5

## Agricultural Produce (Grading and Marking) Act 1928.

There was no change in the register during the year, the number of premises registered under this Act for the cold or chemical storage of eggs remaining at four. No eggs had been held in store during the year.

## **Fertilisers and Feeding Stuffs Act 1926.**

During the year 10 samples of fertilisers and eight of feeding stuffs were submitted to the Agricultural Analyst. Two of the fertilisers were found to contain potash in excess of the limits of variation allowed under the Regulations but as this excess was not to the prejudice of the purchaser no further action was taken. All the other samples were satisfactory.

## **Burial Act 1857—Exhumations.**

During the year six exhumations were carried out in the City under licenses issued by the Home Office subject to the usual conditions. In all cases the District Public Health Inspector was present at the exhumation to take whatever action was found to be necessary on general public health grounds. Three of the bodies exhumed were reinterred in the same burial ground and the other three were dispatched for reinterment in other parts of the country.

## **Lectures and Training.**

The practical training of pupil public health inspectors continued throughout the year culminating in the first Diploma Examination of the recently constituted Public Health Inspectors' Education Board. At this examination, held during the month of June, all of the three pupils from the department were successful. One of these successful pupils, Mr. D. G. Jones, was nominated by the Charles Trevelyan Technical College authorities as an entrant for the Ronald Williams Memorial Award and was in due course selected from a total of 144 candidates as being the best all round student of 1964 and was awarded the Gold Medal. Such an honour was awarded not only for academic ability but also for qualities of character and personality and the distinction thus conferred on the City Health Department is an indication of the high quality of both the pupil and the training. The year 1964 will be remembered as an outstanding year so far as pupil training is concerned as it was very possible that had not Mr. Jones been the Gold Medal winner, one of his two colleague pupils might have earned that title.

Although the training of pupil public health inspectors continued to be the principal educational activity in the department numerous other lectures and talks on various aspects of public health inspec-

tion were given by various members of the staff to health visitors, medical students, D.P.H. students, district nurses, employees in the licensed trades, political and social organisations and staffs of undertakings engaged in the food trades.

During the year a number of inspectors obtained refresher training on general subjects at the week-end school held at Lambton Castle and organised by the Northern Centre of the Association of Public Health Inspectors.

Overseas visitors included public health inspectors from Nigeria and Ceylon; a medical officer from Kobe, Japan; the Chief Public Health Inspector of Pretoria, South Africa; a sanitarian from Turkey; and a group of civil servants from Greece, all of whom were addressed on public health inspection matters by members of the inspectorial staff. All of these visitors were obviously appreciative of the programmes of instruction which had been prepared for them.

## **Staff.**

Much has been written in previous annual reports on the causes and remedies of the chronic shortage of public health inspectors in the larger industrial areas and it was encouraging to note that, at the end of the year, consideration was, at last, being directed to this very long standing problem at National Joint Council level. Since the publication of the Report of the Working Party on the recruitment, training and qualification of public health inspectors in 1953 the shortage of inspectorial staff in county boroughs has much more than doubled and if the present serious deficiency is not to be substantially increased, any solution offered by the N.J.C., will have to be realistic and speedy if it is to be effective, as at the end of the year, more than 60% of all vacancies for inspectors were in the county boroughs.

## **Staff Appointments.**

The loss to the department during the year of an unusually high number of inspectors coupled with the increased work in connection with housing, offices and shops, and meat inspection led to the introduction of the employment of technical assistants to assist the inspectorial staff available. Consequently Messrs. J. Bailey, G. Clouston, I. N. Smith and F. N. Syrratt were appointed as Technical

Assistants (Housing) and Messrs. W. Laidler, J. F. Marshall, J. P. McGee and J. N. Wood commenced duties as Technical Assistants (General) in connection with the survey carried out under the provisions of the Offices, Shops and Railway Premises Act 1963.

Trainee authorised meat inspectors appointed during 1964 for detention duties on meat inspection in slaughterhouses comprised Messrs. A. L. Bridges, H. V. Clark, G. Harding and E. R. Steele, of whom Messrs. Bridges and Harding had qualified by passing the Meat Inspectors' Examination of the Royal Society of Health before the end of the year.

The intake of pupil health inspectors included Messrs. J. Little, B. W. Davis and M. H. Hudspeth two of whom commenced the approved course of training at the Charles Trevelyan Technical College in the autumn.

Among the public health inspectors recruited during 1964 a notable and welcome addition to the staff was Mr. D. Harwood from Buckley U.D.C., who commenced duties early in the year as the Divisional Inspector (General) and has since given excellent and valuable service in district supervision. Towards the end of the year Mr. H. S. Wilson came to the department from Newbiggin U.D.C., and took up duties as a public health inspector engaged in meat inspection and our three pupil public health inspectors, as previously mentioned, duly qualified with distinction. These successful pupils were Messrs. D. G. Jones, J. Robinson and I. N. Smith, the first two of whom were immediately appointed as district inspectors. As Mr. Smith, because of his age, would not receive his Diploma until he attained the age of 21 years, he was appointed in the interim period as a Technical Assistant (Housing) as mentioned above. Mr. T. C. Peacock, formerly Health Inspector, Kenya Government and who had originally trained with this authority was appointed as a district inspector, took up duties in mid-summer and has proved a valuable asset to the department.

### **Staff Resignations.**

In all large authorities, particularly those in which training programmes are conducted, it is to be expected that there must be a steady flow of recruits and departures of inspectorial staff. It is however, reasonable to hope that recruitment might bear some



practical proportional relationship to the annual total of resignations, but this was not realised during 1964. The department lost almost half of the district inspection staff including a goodly number of thoroughly experienced inspectors of really high calibre. This unhappy event was forecast in my last annual report and unfortunately there was not, at the end of the year just past, any indication of a change of circumstances which might prevent a disastrous continuation of this trend. Resignations of district inspectors comprised those of Messrs. K. W. Thompson, who now serves Durham C.C.; T. W. Davison, who went to Stanley U.D.C.; R. Carver, who is now with Felling U.D.C.; E. Birkett, who is with Whitley Bay B.C.; K. Smith, who went to Abingdon R.D.C.; F. W. Higgins, who now serves Castle Ward R.D.C.; J. C. Mullarkey, who was appointed to Newbiggin U.D.C.; J. Gray, who accepted service with Hebburn U.D.C.; and W. West, now serving Durham C.C. All of these officers left the department because of unsatisfactory salaries and service conditions.

From the Smoke Control Section, Mr. J. M. Bell, a smoke control investigator, left to take up a more remunerative position with the Northern Gas Board.

## **Conclusion.**

Annual reports are publications often used to describe outstanding progress achieved during the year in question and to imply that the state of affairs at the end of the year is a matter for satisfaction and mutual approbation. Only modesty restrains the author from including a note of self-congratulation.

The adoption of such an outlook in relation to 1964 would be self-deception. Even though the department has striven successfully through a difficult year, it would be foolish not to recognise that whatever progress has been achieved has not been commensurate with the high reputation previously enjoyed by the department in all matters relevant to environmental health. During the year just past, smoke control was virtually at a standstill; the problem of the repair of the unfit house remained unsolved; no progress at all had been made with the operation of the Housing Act 1964; no effective steps had been taken to secure and retain an experienced and stable inspectorial staff and meat inspection, at all hours of

the day and night, continued to be carried out in outmoded and insanitary conditions.

It is to be hoped that, before the next annual report is prepared, most of these problems will have been resolved or at least tackled with a sense of real purpose.

Having thus been critical of the shortcomings of 1964, it is all the more pleasant a task to express thanks and appreciation for the kindness shown by colleagues. To the staff as a whole a tribute must be paid for the loyalty and co-operation which has been readily offered throughout the year, often in circumstances of frustration which, at times, must surely have been a strain. To the Divisional Inspectors in particular I am grateful for their indispensable assistance and sincere thanks are once more offered to the Senior Administrative Assistant and his willing staff for the help so readily and cheerfully given throughout the year.

Acknowledgement of the friendly help from various members of the Town Clerk's Department is gratefully offered in relation to slum clearance, smoke control and the prosecution of offences in court proceedings, without which help such tasks would have been burdensome. Sincere thanks are offered to the Engineering Section of the City Architect's Department for technical advice in connection with plant installed under the provisions of Section 3 of the Clean Air Act and to the City Estate and Property Surveyor's Department for the preparation of plans in connection with the smoke control and slum clearance programmes.

To the Chairman and individual members of the Health and Social Services Committee I am particularly indebted for their support and generous understanding and to the Medical Officer of Health I offer sincere thanks for a year of friendly co-operation without which many of the difficulties now behind us would still remain to be overcome.

L. MAIR,

Chief Public Health Inspector.

# APPENDIX I

## WORK OF THE NEWCASTLE UPON TYNE EXECUTIVE COUNCIL.

(Mr. K. N. OGDEN).

The statutory duties of the Executive Council under Part IV of the National Health Services Act, 1946, as amended, to provide general medical, general pharmaceutical, general dental and supplementary ophthalmic services have been outlined in previous reports; there has been no change.

On 1st January, 1965, there were 217 doctors (121 practising mainly within the City) on the Medical List. The total number of patients at that date on Doctors' lists was 266,661, a figure which is in excess of the population of Newcastle based on the Registrar General's estimate. This apparent inflation of doctors' lists is probably due, at least in part, to the rehousing programme—persons on removing outside the boundaries not having selected a new doctor or secured acceptance on their doctors' Northumberland lists.

1,527,071 prescriptions were dispensed during the year by city chemists and appliance contractors of which at 31st March, 1965, there were 101. The total cost of these prescriptions to the National Health Service was £741,255.

During the year 3,577 claims were submitted by doctors for maternity services rendered to their patients. The gross fees paid for these services amounted to £34,423. The Medical Officer of Health is a member of the Local Obstetric Committee.

At the 31st March, 1965 there were 81 principal practitioners providing general dental services in the City. 92,632 courses of treatment were given during the year 1st April 1964, to 31st March, 1965 as compared with 90,809 the previous year. Of this it is estimated that some 28·4% of the patients resided outside the city boundaries.

Under the supplementary ophthalmic service, 53,703 sight tests were given during the year, 906 children under arrangements made with the Local Authority 41755 persons were supplied with glasses during this period. Approximately 46·4% of the applicants for sight tests and glasses resided outside the City Boundaries.

The total expenditure on the various services administered by the Council during the year ended 31st March, 1965 was as follows:—

	£
General Medical Services.....	448,014
Pharmaceutical Services .....	743,396
General Dental Services .....	275,699
Supplementary Ophthalmic Services .....	90,997
Administration .....	22,814
	<hr/>
	£1,580,920
	<hr/>

Based on the Registrar General's estimate of population at 30th June, 1964 this represents an expenditure of £6 1s. 3d. per head but it should be remembered particularly of the general dental services and the supplementary ophthalmic services, that residents in surrounding areas come into the city and take advantage of the facilities available.

The following members of the Local Authority served on the Executive Council during the period 1st April, 1964, to 31st March, 1965, viz. Coun. B. Abrahams, Coun. R. C. Brown, Coun. Mrs. C. M. Lewcock, Dr. R. C. M. Pearson, Ald. Dr. H. Russell, Ald. Mrs. C. C. Scott, J.P., Mr. J. W. Telford, Coun. H. J. White.

## APPENDIX II

### OCCUPATIONAL HEALTH SERVICE

(Dr. J. T. JONES)

The Occupational Health Service outlined in the Annual Report for 1963 was moved to the Civic Centre in June, 1964, and maintained on similar lines.

The Nurse commenced duties on the 1st October, 1964 and this along with the move into the Medical Room in the Civic Centre has centralised the Service. Her functions are:—

1. To act as a link between the Health and Social Services Department and other departments in the Corporation.
2. To provide an emergency treatment service for casualties and sickness occurring in the Civic Centre.
3. Attendance at medical examinations and general responsibility for appointments, etc.

The work of the service is shown in the following tables:—

TABLE I.  
ENTRY INTO SICK PAY AND SUPERANNUATION SCHEME

	Questionnaires scrutinized	Number examined	Refused to be examined	Unfit
Sick Pay .....	945	175 (18.5%)	2	2
Superannuation.....	416	48 (11.5%)	—	1
	1,361	223 (16.3%)	2	3

TABLE II.

Reasons for referral	Sick Pay	Superannuation
Orthopaedic conditions .....	25	5
Diseases of respiratory system .....	19	5
Mental and psychoneurotic disorders .....	13	2
Diseases of circulatory system .....	12	1
Diseases of breast and female genital organs.....	11	3
Rheumatism .....	10	9
Symptoms and ill defined conditions .....	10	3
Intestinal disorders .....	10	1
Ulcers (Duodenal and gastric) .....	8	1
Ear conditions .....	7	2
Kidney disorders .....	7	—
Tuberculosis .....	6	5
Eye conditions .....	5	3
Skin disorders .....	3	1
Fits .....	3	3
X-ray of Chest .....	3	—
Diseases of bones .....	3	—
Disabled persons .....	2	1
Neoplasm .....	1	—
Diseases of genito urinary system .....	1	1
Diabetes .....	1	—
Obesity .....	1	—
Thyroid conditions .....	—	2
Others.....	14	—
	175	48

TABLE III.

## SPECIAL EXAMINATIONS FOR SUPERANNUATION PURPOSES

No.	Medicals	Returned to work before medical
4	1	3

## FOR THE SICK PAY SCHEME

Examined	Fit	Unfit for present job	Perm Unfit	Retired on medical grounds	Died	Resigned
207	141	15	1	30	3	17
Reasons for referral.						
Diseases of respiratory system .....						41
Orthopaedic conditions .....						36
Diseases of circulatory system .....						34
Intestinal disorders .....						19
Symptoms and ill defined conditions .....						12
Mental and psychoneurotic disorders .....						11
Rheumatism .....						10
Diseases of breast and female genital organs .....						8
Entry into Sick Pay scheme .....						7
Diseases of bones .....						7
Kidney conditions .....						6
Skin disorders .....						5
Diseases of genito urinary system .....						4
Eye conditions .....						3
Ear conditions .....						1
Neoplasm .....						1
Abscess .....						1
Tuberculosis .....						1
						207

## APPENDIX III

## VOLUNTARY ORGANISATIONS

A year ago I included in this Appendix an outline of the work of two large voluntary organisations working alongside the Health and Social Services Department staff. This year the same idea is continued but an invitation was sent to all organisations providing services for the Deaf and Hard of Hearing. I am indebted to their Secretaries for the contributions which follow. The assistance these organisations gave is much appreciated.

## NEWCASTLE UPON TYNE AND DISTRICT CLUB FOR THE HARD OF HEARING.

(MR. T. H. REID).

We are already preparing for the celebration in January 1966, of our Twenty First birthday. Our aim has been to help hard of hearing people in and around Newcastle, besides giving example and leadership to similar clubs elsewhere and to the regional and national bodies, North Eastern League for the Hard of Hearing and British Association for the Hard of Hearing, to which we are affiliated.

The Club is a Voluntary Organisation registered under the National Assistance Act 1948, and the Charities Act 1960, and recognised by the local authorities as an agency for promoting the welfare of the Hard of Hearing.

Deafness in any degree makes for lack of self confidence and consequent loneliness and "retirement into one's shell". Apart from the provision of lip-reading classes, social contacts and the chance to discuss hearing-aid problems, a main object of the Club is to combat this destructive tendency.

The needs of the partially hearing and of those who have become deaf after learning normal speech may well be different from those of people who have been totally or severely deaf from birth or early infancy. The latter are often happier with signs and finger-spelling and a professional staff to organise for them. The former have a normal-hearing background and need to be helped to take, or to keep, their places in a normal hearing world. It is essential that this choice of facilities should be available, particularly when modern hearing aids and modern teaching methods have greatly increased the proportion of children educated as partially hearing, instead of as totally deaf. With this in mind, the Club is run entirely by the voluntary work of the members. One good way of gaining confidence and getting out of that "shell" is to take an active part in the organisation of a club for the hard of hearing. Any member can take on a specific job or be elected as an officer or a committee member. Experience thus gained among others similarly handicapped has enabled many to take an active part, on equal terms

with hearing people, in other spheres of activity, whether business, social, religious or political.

We have bought and improved our premises at No. 56 Beechgrove Road, Elswick. This, and all our work, has been made possible by the annual grant received from the City and a smaller one from Northumberland County. Nevertheless the members have themselves contributed in no small measure, both by personal effort and financially.

Owning our premises allows freedom in arranging meetings, but the regular meeting day is Thursday, when the Club is open from 4-30 p.m. to 9 p.m. Enquiries would always be welcome on these nights. Our regular programme includes talks, film shows, dances and social events; also, once each month there is an informal interdenominational religious service. Members also take part in various outings and in regional and national Holiday Rallies and Meetings.

Our Club premises are also available for Meetings of the North Eastern League or its committee and provide a home for the Newcastle Hard of Hearing Youth Club.

### **THE YOUTH CLUB**

Although using the Club premises the Youth Club is quite independent, having its own adult management committee and separate affiliation to the North Eastern League and B.A.H.O.H. as well as being registered with the local authority as a youth club.

The Youth Club resulted from a meeting of representatives of B.A.H.O.H., the North Eastern League, the Newcastle Club, the Newcastle Branch of the Deaf Children's Society, teachers of the partial-hearing unit and a Welfare Officer, to discuss ways and means of helping hard of hearing school leavers.

Again the need for a choice of facilities, according to the abilities and inclinations of the individual boy or girl. Thus the H.O.H. Youth Club was formed three years ago, to provide facilities, based on normal speech, for school leavers with hearing loss.

With the support and help of the Deaf Children's Society, the Local Education Authority and the adult Club, it has flourished.

Members usually join before leaving school, so that the club helps to bridge that awkward transition from school to working life, when any handicap is apt to prove worrying. Meetings, which include classes in lip-reading and handicrafts, are on Mondays, Wednesdays and some Saturdays. In Summer there are weekend walks and expeditions. Further developments are planned. Already the young people are showing welcome responsibility as well as bringing fresh life into the adult Club and the North Eastern League. They are taking over more of the conduct of their own affairs and, with this experience, should in future be leaders of the adult club.



## THE NORTHUMBERLAND AND DURHAM MISSION TO THE DEAF AND DUMB.

(*Rev. F. Holder, M.A.*)

As its title implies, the Mission is an organisation founded on the principles of the Christian religion. Since its establishment in 1876 it has offered teaching and provided opportunities for worship according to the doctrine and rites of the Church of England. It employs a full-time Anglican chaplain whose duty it is to attend to the spiritual care of those deaf and dumb people who seek his help and to supervise the services of worship which are taken by members of the staff throughout the area in which the Mission works.

But since its earliest days it has been recognised that the Mission's work must embrace, not only the spiritual care of the deaf and dumb, but also their social and individual needs and problems. Accordingly, for many years past the Mission has maintained centres throughout its area where full-time workers, trained and qualified in this special work, are available to help the deaf and dumb in every way possible. These ways vary from the, to the ordinary person, trivial things like booking a seat on a train or filling up a form to serious problems such as matrimonial trouble, advising on the possible purchase of a house or, as a woman member of the staff was requested by a doctor, assisting a young woman through the birth of her baby by interpreting the doctor's instructions. Even when the deaf and dumb do not bring their problems and difficulties to the Mission workers, it is often possible, during the course of the regular home-visits which are maintained, to discover by conversation or observation some way in which help can be given. An old person short of coal, a loose door-step at the home of a deaf-blind person, a persistent cough—all such cases can be put right or, in some way, alleviated. In short, the members of the Mission staff act as spokesmen for the deaf and dumb and, if the reports received from them are a guide, there does not seem to be any limit to the ways in which they are able to help their people. To do this requires an intimate knowledge of the psychology of people suffering from congenial deafness and a thorough and fluent understanding of the manual method of communication used by them.

An important branch of this personal service to the deaf and dumb is the finding of work for them. Over the years by far the greater majority of such people in the area have been placed in employment by the Mission. An average of twelve boys and girls leave schools for the deaf every year and are found work by the Mission. Only in rare cases, for instance a deaf boy or girl with an additional handicap, is there any long wait. As far as possible the Mission staff like to have a job waiting for the school-leaver. Close co-operation with parents, school-teachers and officials of the local youth employment organisations is maintained but it is usually the Mission worker who makes the contacts with possible employers and completes the arrangements for the young person to begin work, sometimes going with him or her for a day or two to interpret instructions necessary on the job. The Mission worker visits the place of employment to discuss with the employer any points of difficulty which may have arisen in the process of settling down. Although the old traditional trades followed by the deaf and dumb, such as boot-repairing, french-polishing and upholstering, are less obtainable now than before, the Mission workers are keen to find new openings and some success has been had in placing the deaf and dumb men in light engineering and similar work. Deaf girls are often placed in clothing factories but, again, the Mission is able to report considerable success in placing girls as comptometer and punch-card operators. Much assistance in this direction has been given by the makers of such office machines.

In addition to giving a personal service the Mission has also, since its foundation, recognised the need for providing clubs for the deaf and dumb and its centres throughout the area afford such accommodation. The importance of the Mission's club work cannot be overestimated for it offers the deaf and dumb opportunities of relaxing from the constant strain of living in the hearing world. Within the Mission premises they become normal people since there the manual method of communication is the accepted one and the organisation of the clubs is based on their needs and theirs alone.

At Newcastle the Mission premises comprise a chapel, a hall capable of seating a hundred people at the parties held at appropriate seasons, a billiards room with a full-size table very popular with the younger male members, a table-tennis room, a sitting-room where television can be watched, a club committee room and

an office where the Mission workers can be consulted. The general club night is Saturday, when the cares of the working world can be forgotten, but smaller groups use the premises at other times. An old people's club, drawing its members from all over Tyneside, is held weekly and a youth club is proving very popular.

The club facilities, however, are not the whole of the Mission's social programme. Outings are a well-established feature, and holidays, especially for the old people, are regularly arranged. Those of the staff who are able to do so, assist at the outdoor holidays for young deaf and dumb people, where fell-walking, rock-climbing, canoeing and pony-trekking are engaged in and others help at the annual summer schools organised by the British Deaf and Dumb Association. An annual sports day has been held by the various branches of the Mission for several years past and members of the staff have been instrumental in encouraging the formation of the Northern Deaf Amateur Sports Association.

To conclude, the Mission aspires to provide a welfare service for the deaf and dumb which comprehends their needs in the spiritual, social and personal aspects of their lives.

### **OUR LADY OF LOURDES DEAF CLUB.**

Within the Society it is recorded that the Committee which was first formed to work for and to serve the deaf in July 1930, has now been aggregated as a Conference as from July 1964. This Conference consists of a Chaplain, six active, two aspirant and five honorary members. Meetings are held weekly in the club and the principal purpose is to encourage and develop the religious and general welfare of the deaf.

Attendance at the meetings is good, particularly at the religious services on a Sunday evening. Young deaf play an active part in club activities.

The deaf need to be encouraged and the important thing is to converse by alphabet, spelling, signs, lip reading or other means.

Two retreats were held during the year and a summer outing to Keswick was arranged. The usual annual parties took place in February and at Christmas.

The Members of the Club are most grateful for the assistance given by the Societies and Local Welfare Authorities.

